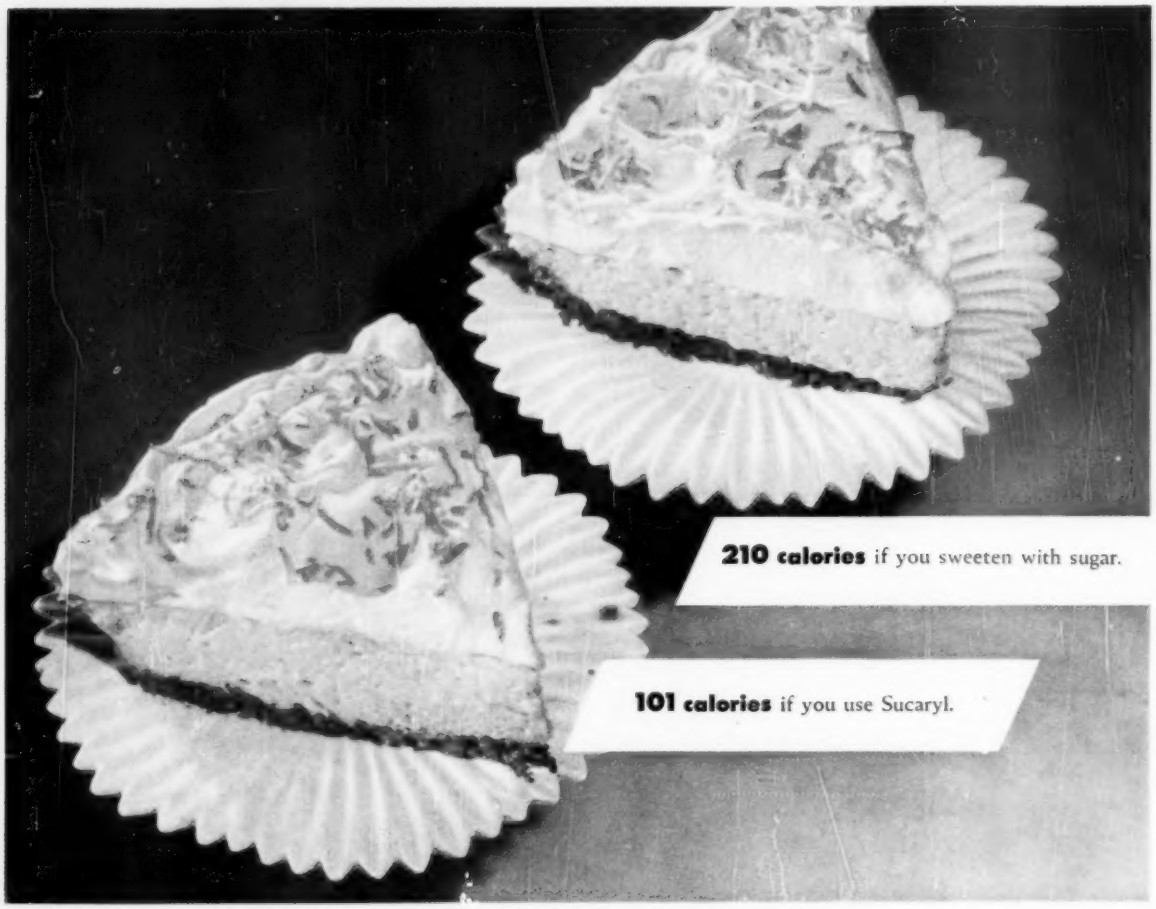
Published by the American Medical Association

JANUARY 1958 35¢

today's health

PLANNING FOR RETIREMENT

If you're not counting calories, you don't need this new, calorie-free sweetener. If you are, you do.



You can save a lot of calories by sweetening with Sucaryl

and you can't taste the difference

Weight-Watchers' Lemon-Chiffon Pie

- 1 envelope unflavored gelatin
- ¼ cup lemon juice
- 2 teaspoons grated lemon rind
- 4 egg whites
- 2 egg yolks
- ¾ cup water
- ¼ teaspoon salt
- 5 teaspoons Sucaryl Solution or 40 Sucaryl Tablets
- ¼ cup cake flour
- ¾ cup boiling water
- ½ cup non-fat dry milk solids
- ½ cup ice water
- ⅛ teaspoon yellow food coloring
- ¼ cup fine toasted bread crumbs

Mix gelatin with lemon juice and rind. Beat egg whites until soft peaks form. Beat egg yolks with water, salt, Sucaryl and flour until blended. Add boiling water. Pour into saucepan, bring to rapid boil. Stir vigorously as mixture thickens, about 1 minute. Remove from heat. Add softened gelatin immediately, stir until blended. Fold beaten egg whites into lemon mixture. Whip dry milk solids with ice water and coloring. Fold into lemon mixture. Brush 9-inch pie plate with oil. Coat sides and bottom of plate with crumbs. Add lemon mixture. Chill.

For low-calorie topping, add ½ cup non-fat dry milk solids to ½ cup ice water and 1 teaspoon Sucaryl. Beat on high speed until consistency of whipped cream. Spread on pie. Sprinkle with grated lemon rind. 8 servings.

Sucaryl is for weight-watchers. It gives you all sugar's sweetness without bitterness or aftertaste—with no calories at all.

It's the first non-caloric sweetener that tastes exactly like sugar in ordinary use. Sucaryl sweetens coffee, tea, iced beverages; cooks, bakes, or freezes. It comes in tablet or solution form.

Look for Sucaryl on the label when you're shopping for dietetic foods and beverages. (They don't taste like "diet" foods.) Sucaryl, of course, is intended for dieters and diabetics. If you're in doubt about your diet, ask your doctor. For low-salt diets, ask for Sucaryl Calcium. Abbott Laboratories, North Chicago, Ill. and Montreal.

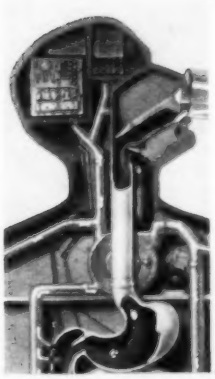
Sucaryl®

Non-Caloric Sweetener • No Bitter Aftertaste

AT DRUG STORES EVERYWHERE

When you can't take time out...take BUFFERIN®

Acts twice as fast as aspirin to relieve pain!



1. Medical science knows that a pain reliever must get into the blood stream to relieve pain.

2. Bufferin combines aspirin with two antacid ingredients. These speed the pain reliever out of the stomach and into the blood stream *twice as fast* as aspirin. So . . .

3. Bufferin acts *twice as fast* as aspirin to relieve pain. And it won't upset your stomach as aspirin often does.

Won't upset your stomach as aspirin often does!

Searing lights streaming at you out of the darkness, a throbbing headache . . . nothing could say more clearly, "Stop and take some Bufferin."

For wonder-working Bufferin brings soothing relief in minutes, actually goes to work *twice as fast* as aspirin.

What's more, Bufferin is gentle as well as fast. It won't upset your stomach as aspirin so often does.

Next time you travel, be sure to carry Bufferin with you. It's the *modern* answer to pain.

ANOTHER FINE PRODUCT OF BRISTOL-MYERS

If you suffer from the pain of arthritis or rheumatism, ask your physician about Bufferin.

today's health

ESTABLISHED IN 1923 AS HYGEIA

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PUBLISHED BY THE AMERICAN MEDICAL ASSOCIATION

SALE!

FOR "58"

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"VITA-POSTURE" MATTRESS

IT'S BUTTON-FREE!
No Hollows!
No Humps!

NOW YOU CAN HAVE HEALTHFUL SLEEP-SUPPORT AT BREATH-TAKING SAVINGS!

Only RESTONIC brings you this annual mattress sales event that means so much to you in genuine savings on a nationally-advertised brand.

And this year RESTONIC offers you more than ever before: reinforced healthful support—plus button-free, smooth-top sleeping comfort—both at a deep-down price that makes it the nation's outstanding mattress value!

Hurry! Sale for limited time only. See your RESTONIC Dealer Now!

CHECK THESE HIGH-QUALITY FEATURES—NOW ALL YOURS AT THIS LOW SALE PRICE:

- **BUTTON-FREE SURFACE**—Made Smooth to soothe you.
- **EXTRA-FIRM INNERSPRING**—Supports spine where you need it most.
- **REINFORCED INSULATION** — Stops "spring-feel," adds years of wear.
- **LUXURIOUS UPHOLSTERING**—Extra-thick and so comfortable.

©1958 By RESTONIC CORP., 666 Lake Shore Drive, Chicago, Ill., makers of famous RESTONIC® TRIPLE CUSHION® MATTRESSES with new, personalized "CONTOUR-CONTROL." T-M

THAT'S A GOOD QUESTION

Edited by
WILLIAM BOLTON
M.D.

Unsaturated Fats

Please tell me the best sources of unsaturated fats. Is it true that this type of fat will prevent or correct hardening of the arteries by reducing cholesterol?

Soy bean oil, peanut oil, corn oil, cotton seed oil and olive oil are all unsaturated fats. They have been used experimentally in the diet of animals to lower the serum cholesterol level. However, there have been no studies with people to show whether these fats effectively prevent or cure hardening of the arteries.

Danger in Just Sitting

I have been told by a friend that harmful effects can be produced in the legs by watching television too long. Can you tell me what these might be? Why wouldn't it occur during sleep?

Probably your friend was referring to a discussion that appeared in the medical literature recently on the possibility of clot formation occurring in the arteries or veins of the legs as a result of sitting too long in one position. A suspected added factor is sitting in an awkward position, such as having a leg tucked under one. Normal blood flow in the extremities depends to some extent upon pressure from muscular action and, without this, slowing of the current in the blood vessels is more likely to occur. This, in turn, increases the chance of clotting taking place. It is a wise precaution not to sit too long at television or anything else without changing positions now and then.

There are two reasons why such clot formation is not likely to occur during sleep. The flat position in bed makes it easier for blood to flow, since it is not affected by gravity as when we are sitting or standing. And during sleep everyone turns and moves the arms and legs at frequent intervals, thus providing muscle pressure on the blood vessels.

Vision Restoration

How can one sell an eye to restore vision in a blind person? Are there special centers for this?

Whole eyes are not transplanted. It is not yet possible to transplant an organ such as the eye. Connecting the numerous nerves, blood vessels and muscles is extremely difficult.

Sometimes reasonably useful vision is restored by replacing scarred corneal tissue with some taken from a normal eye after death. Such grafts usually "take" because the tissue structure is even simpler than skin. As you can understand, corneal graft is helpful only if the rest of the eye is normal. If the retina is not functioning or the optic nerve has degenerated, usually no treatment is of value.

The Eye Bank for Sight Restoration, Inc., in New York, with cooperating organizations in eight states, promotes the *donation* of corneal tissue at the time of death, for use in transplants. There are more requests than donors. We know of no market for eyes or any clinic where eyes are transplanted.

Dr. Bolton, associate editor of *Today's Health*, is also associate director of the American Medical Association's Bureau of Health Education. In that capacity he answers each month an average of 1300 inquiries, from which these "good questions" are selected.

Leaking Heart

I'd appreciate information on leakage of the heart. Where does the leakage go? Can anything be done for such a patient?

The word leakage, in describing a heart defect, does not mean blood leaks from the heart. It refers to incomplete closure of a heart valve, which lets blood leak back into the heart chamber it has just left. This reversal in blood flow cuts the amount of blood pumped into the circulation and also causes blood to be dammed back in veins leading to the heart. That finally causes fluid to collect in the tissues, producing edema or dropsy.

Many patients with valve leakage can be helped, thanks to advances in heart surgery. A common cause of valve changes is rheumatic fever, which involves chiefly the mitral valve. The stiffened and twisted leaves of that valve can be cut free so that they close more completely. Similar operations can be performed on other valves.

Average Milk Intake

What is considered the average daily milk requirement for a child?

Somewhere between a pint and a quart of milk a day is probably desirable for a young child. Some may take more, but none should go below the minimum of one pint. At the age of six and throughout grade school years, one quart of milk should be included in a diet that is made up of the various recommended food elements. Even higher intake of milk may be recommended by the physician during early adolescence,

(Continued on page 9)

Filter Queen

HOME SANITATION SYSTEM

One of the most important developments in home sanitation in 50 years

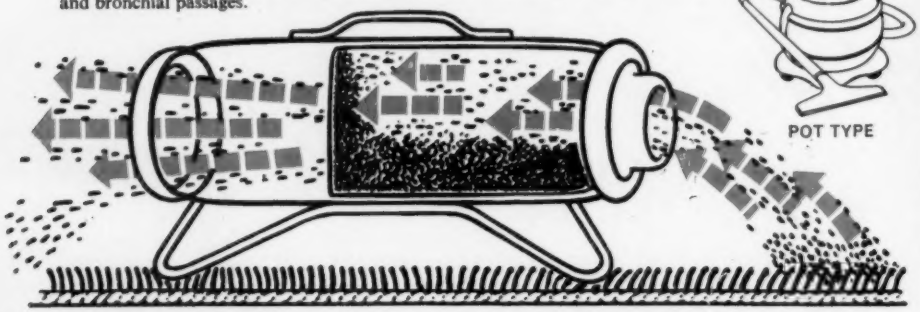
Why "Vacuum Cleaners" often scatter dir

Here's Why

then "CLOG UP" TO

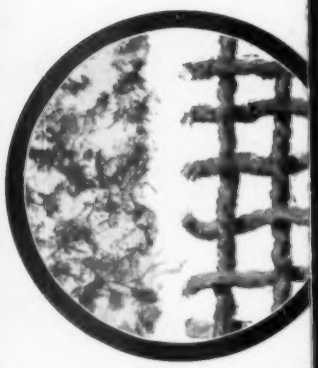
...you smell dust long after "vacuum" cleaning

"Vacuum Cleaners" produce no "vacuum". The outer cloth bag (and inner paper bag—on some cleaners) has to be porous for the air to escape. But, as the diagrams show, dirt-filled air, drawn in at the nozzle, hits the walls of the vacuum cleaner bag with the full force of the motor. This not only quickly clogs up porous openings in the bag, but also forces finer dust particles through the larger openings, back into the room. (Note how incoming air must pass through all dirt contained in bag—re-circulating filth and germs.) That's why you can actually *see* dust on furniture after "vacuum cleaning," and that's why you can *smell* dust in the air—dust that often carries many dangerous germs to be inhaled and to lodge in lungs and bronchial passages.



UPRIGHT TYPE

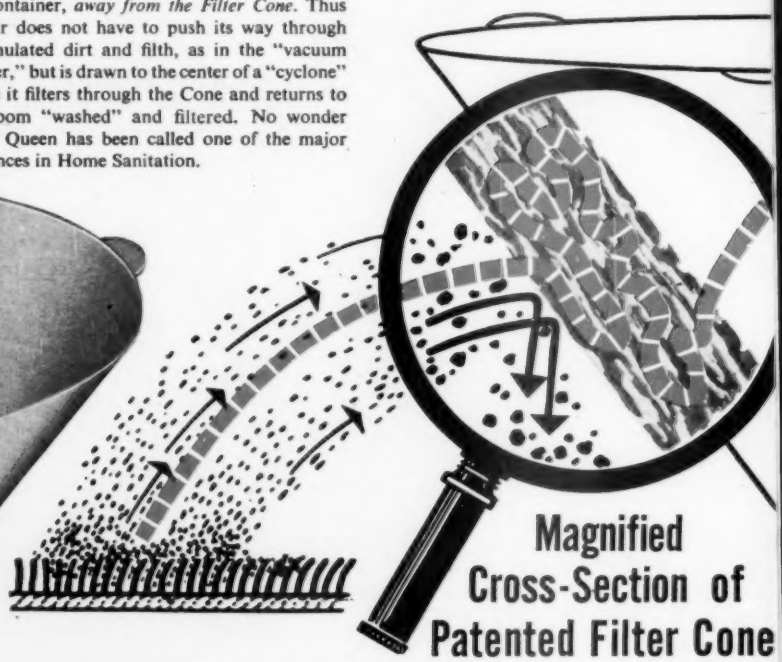
POT TYPE



Paper and Cloth
Highly Magnifie

Instead of scattering dirt Filter Queen literally filters it out of the air, thanks to a hospital-white sanitary Filter Cone so efficient that the tiniest particle—even smoke—cannot penetrate its walls! Magnified cross-section of the Filter Cone (right) shows how layers of chemically-treated cellulose fibers *block* passage of dust, air-borne germ matter irritating pollens, and other impurities. *Only filtered air passes through.* Cross-section view (far right) illustrates how Filter Queen's famous "Cyclonic Action" assures *sustained peak suction power.* The inrushing air-and-dirt stream is deflected by the patented Inlet Guide, creating a centrifugal force that throws dirt to the sides of the container, *away from the Filter Cone.* Thus the air does not have to push its way through accumulated dirt and filth, as in the "vacuum cleaner," but is drawn to the center of a "cyclone" where it filters through the Cone and returns to the room "washed" and filtered. No wonder Filter Queen has been called one of the major Advances in Home Sanitation.

Filter Queen

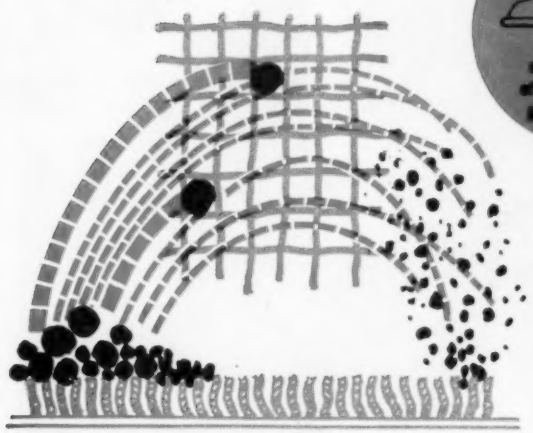


Magnified
Cross-Section of
Patented Filter Cone

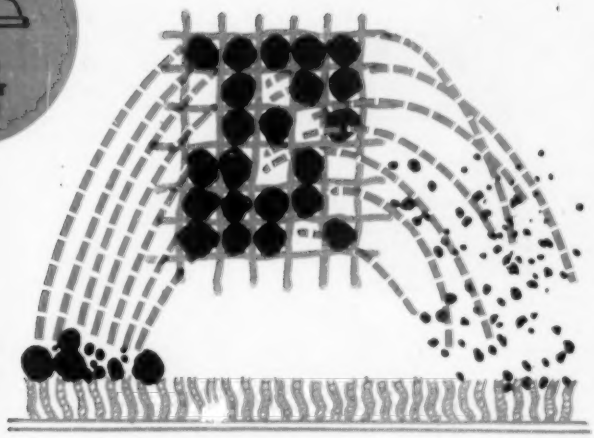
... SELECTED BY U.S. ATOMIC

and dust from one place to another...

REDUCE SUCTION POWER!

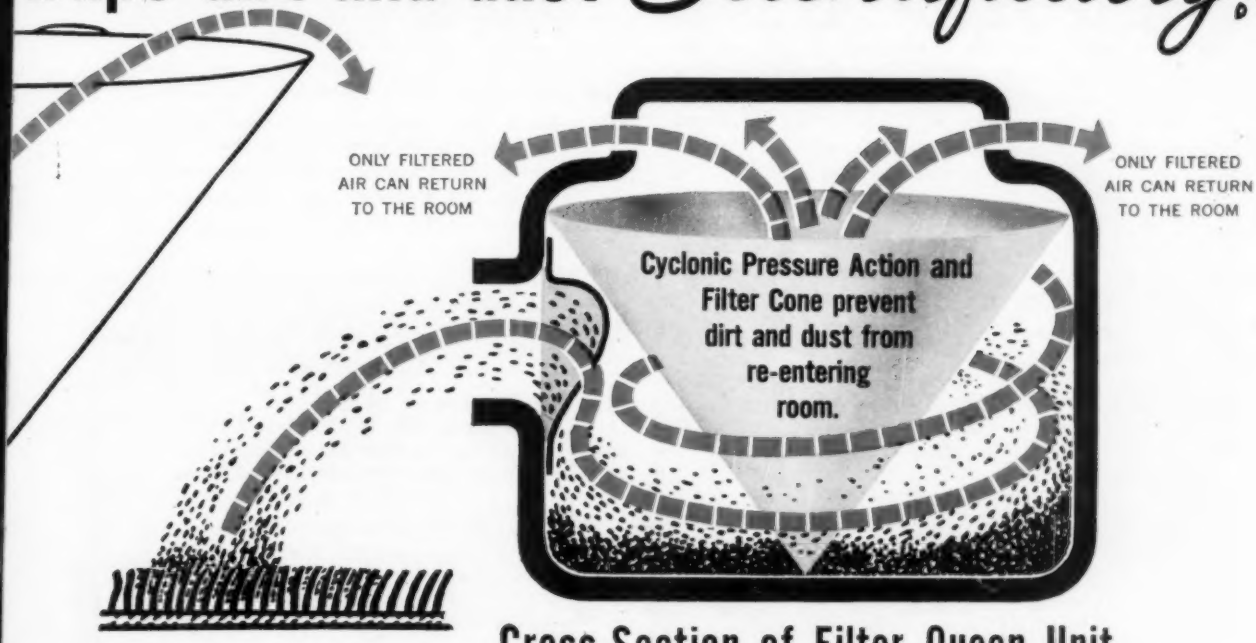


This illustration shows how fine dust particles escape through cross fibers of the "vacuum cleaner" bag while heavier particles lodge, cutting down suction power and lowering efficiency of the appliance.



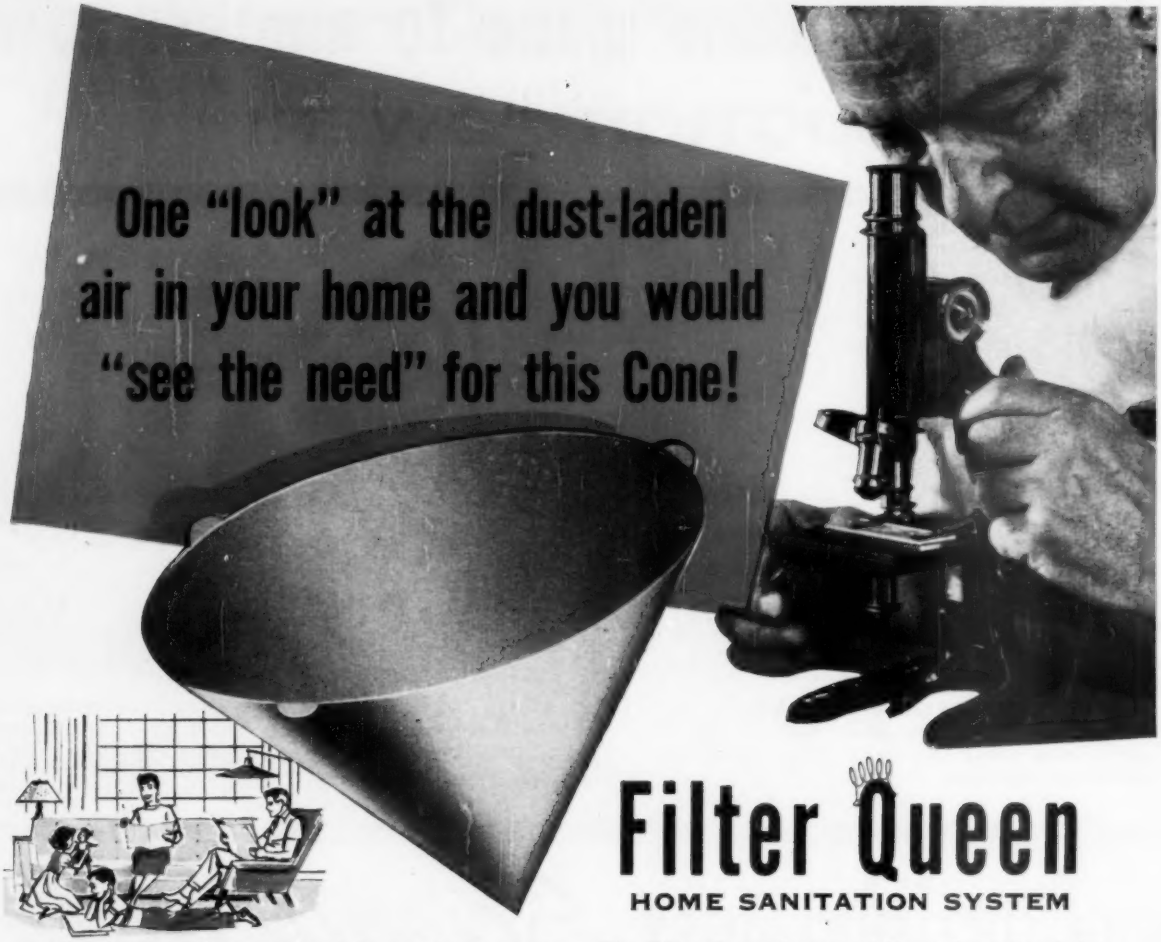
Here the "vacuum cleaner" bag is almost completely clogged with dust. Suction power is sharply reduced. It's as if you placed your hand over the air intake of the vacuum cleaner—no air can be drawn into the bag; neither can dirt!

traps dirt and dust *Scientifically!*



Cross-Section of Filter Queen Unit

RESEARCH LABORATORIES



Filter Queen

HOME SANITATION SYSTEM

Yes, just one glance at the air in your home, or any home, through a microscope would show you that the air is literally teeming with millions of dirt particles brought in from the outside. Even after you've done as thorough a "cleaning" job as possible with dust mop, dust cloth, and carpet sweeper, you'd be shocked at the amount of germ-laden dust and dirt *still* in your rugs, drapes, and upholstery . . . yes, even floating in the air you and your family breathes!

The Filter Queen System of Home Sanitation helps remove this germ-laden dust and dirt thanks to its patented, efficient Sanitary Filter Cone. So efficient is this Cone that it will even filter tobacco stains from a puff of smoke! And, only Filter Queen has it!

So welcome the Filter Queen man when he calls! Let him demonstrate the amazing Filter Queen System with its famous Filter Cone, and learn why over one-million families have *switched* to this modern method of more healthful living.

Free Gift! Handy sewing kit . . . 21 gold-eye needles and threader will be presented to you free.

Mail to: **HEALTH-MOR, INC.**
203 N. Wabash, Dept. TH-158, Chicago 1, Illinois

Please send me free needle kit and give me the full facts on the Filter Queen Home Sanitation System.

Name_____

Address_____

City_____ State_____

when there is a growth spurt that includes extensive bone formation. It must always be remembered that milk should not be emphasized at the expense of other foods. It is a valuable source of nutrients, but cannot replace other items.

Tooth Loss Problem

Two of the lower cutting teeth in the front of my jaw became very loose. My dentist says there is nothing wrong with the teeth or the gums but that the bone is thinning out. He says nothing can be done about this. Do you think if I took lots of calcium it would help to firm up the bone?

There is nothing, including local treatment or special diet, that will surely prevent continuation of this condition. One problem is the fact that in many cases the tendency is inherited. However, it would be well to make sure you are following an adequate, well-rounded diet. This will automatically include sources of calcium, such as milk, as well as the vitamins and minerals that are essential for normal body and tissue function.

Questions involving diagnosis or treatment should be referred to the family physician. Dental inquiries are sometimes answered here through the cooperation of the American Dental Association.

Shrinking of Gums

I have had to get a new upper plate three times in the last four years because of what my dentist says is rapid shrinking of the gums. Is this likely to continue?

There is a good chance that tissue absorption will now take place less rapidly, and that you will not need to have the plate reconstructed so often in the next few years. Almost everyone who gets such a plate must have it built up or perhaps entirely replaced once or twice, but in most cases after that a certain degree of tissue stability is observed and one may go for several years without requiring any special attention. Of course, the teeth should be kept clean, and although cavities are no problem, calculus must be removed from the teeth periodically by your dentist.

TWO GENERAL ELECTRIC LAMPS YOUR HOME SHOULD HAVE

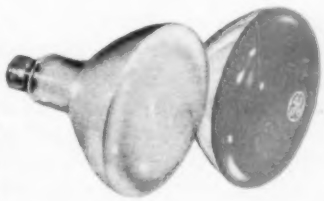
G-E Sunlamp tans like the sun, costs only $9.95

Think of it! General Electric Sunlamps give you the same kind of healthy looking tan you get at the beach. If you tan under the sun, you'll tan under the ultraviolet rays of a General Electric Sunlamp. Get yours today. They fit ordinary AC lamp sockets and cost only $9.95. Simple instructions are in each carton.

G-E INFRA RED Heat Lamps penetrate... bake out aches, cost only $2.95

Soothing infrared energy relieves muscular aches; comforting heat relaxes you, eases fatigue and body tension.

Ask for General Electric Infrared Heat Lamp with the special *hard-glass* red end for extra protection against splashing water hitting the hot bulb. 250-watt AC or DC only $2.95. Regular glass—only $1.10.



Progress Is Our Most Important Product

GENERAL ELECTRIC

Nursmatic
Feeds Like Mother's Breast

Nursmatic nurser gives baby the same feeding action provided by lacteal ducts in Mother's breast. *Breast action* Insta-Valve keeps your baby from swallowing too much air and feeding too fast—the basic causes of colic. This simple stainless steel valve in the Nursmatic nipple helps your baby eat full portions, gain weight and strength quickly. *Breast action* Insta-Valve is recommended by medical authorities on infant feeding.

Nursmatic costs more . . . but it does so much more . . . because only Nursmatic has

BREAST ACTION — INSTA-VALVE

SPECIAL INTRODUCTORY OFFER
Save Almost 50%

Prove to yourself that only Nursmatic will give your baby advantages of *breast feeding action*. Here's what you get in our money-saving introductory package:

- **COMPLETE 8 OZ. NURSMATIC NURSER** With *breast action* Insta Valve and hood that prevents nipple contamination
- **NURSMATIC BOTTLE BRUSH** that stops bottle breakage
- **NURSMATIC NIPPLE BRUSH**
- **ILLUSTRATED BOOKLET—** that tells How to Prevent Colic

$1.77 VALUE ONLY $1.00

Money back if not pleased, keep nipple brush for your trouble.

MAIL THIS TODAY!

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4 West Woodstock St.
Crystal Lake, Ill.

Enclosed find $1.00 for $1.77 Value on your money-back guarantee.

Name_____

Address_____

City_____ State_____

NEW . . . Nursmatic BOTTLE BRUSH

WASHES FASTER
"Full Circle" of bristles at very end quickly scrubs out even hard caked formula.

PREVENTS BREAKAGE
No sharp point to scratch bottle like a glass cutter causing breakage during sterilization.

PREVENTS CHIPPING
Plastic coated handle won't chip mouth of bottle. Bottles last longer.

59¢ AT LEADING BABY COUNTERS AND DRUG STORES
Nursmatic nipple brush cleans nipples in seconds 29¢

COMING in today's health

MENDED HEARTS, INCORPORATED

By Margaret Livingston

People who recover from heart surgery have, as one of them puts it, "an emotional feeling of rebirth." Mended Hearts, Inc., already includes more than 1500 such members. It gives them a chance to help others. Through a number of programs, they supply moral support and practical assistance for both new heart surgery patients and their anxious relatives.

THE HARD LIFE OF EDWARD SMITH

By Charlotte L. Endres

Almost everyone has heard of hemophilia, the "curse of royalty." But few know that at least 40,000 Americans today have the same trouble with blood that won't clot. Dramatic photos record the day-to-day problems of a 10-year-old boy, who's faced with the knowledge that the slightest bruise can mean an emergency trip to the hospital.

A CHILD'S IMAGINARY FRIEND

By Jo Anne Latta

A parent who first hears his child holding long conversations with an unseen friend may wonder if his child is a junior Jekyll and Hyde. But for many children, most of them highly intelligent and imaginative, it is a normal phase in adapting to a hostile world. Parents especially will be interested to learn why children adopt invisible playmates, what these "friends" reveal about the child who creates them and how to deal with the situation.

What is a Sensible Breakfast?

Because so many adults, adolescents, and even children forego or skimp breakfast, physicians repeatedly point out the need for a sensible breakfast: a meal which provides energy for a morning of productive work, which allays hunger until the noon meal, which supplies an adequate share of the day's nutrient requirements, and which consists of inviting, easily digested foods.

A dish of oatmeal helps fulfill the requirements of such a breakfast: It provides readily available energy; it helps to allay hunger throughout the morning; it makes a notable contribution to the day's nutritional needs; it fits into virtually every breakfast, including most of those especially low in calories.

Oatmeal is richer in protein than other whole-grain breakfast cereals. None are as high in thiamine as oatmeal. Also, oatmeal provides other B-complex vitamins. Its mineral content, especially that of iron and phosphorus, rates it among the leaders.

Its delicious taste and easy digestibility further qualify oatmeal as an ideal "habit food" for a sensible breakfast.

Quaker Oats and Mother's Oats, the two brands of oatmeal offered by The Quaker Oats Company, are identical. Both brands are available in the Quick (cooks in one minute) and the Old-Fashioned varieties which are of equal nutrient value.

***WHEN THE DAY'S CALORIE ALLOWANCE IS**

1400 CALORIES OR LESS PER DAY

Breakfast
Approximately 300 Calories

Orange juice, 4 oz.
Oatmeal, 1 oz.
Skim milk, 4 oz.
Sugar, 1 tsp.
Toast, 1 slice
lightly buttered
†Coffee without cream or sugar

†For children substitute 4 oz. skim milk

2400 CALORIES PER DAY

Breakfast
Approximately 500 Calories

Orange juice, 4 oz.
Oatmeal, 1 oz.
Milk, 4 oz.
Sugar, 1 tsp.
One egg
Toast, 2 slices
with butter or jelly
†Coffee with cream and sugar

3000 CALORIES OR MORE PER DAY

Breakfast
Approximately 700 Calories

Orange juice, 4 oz.
Oatmeal, 1 oz.
Milk, 4 oz.
Sugar, 1 tsp.
Two eggs
Bacon, 2 strips
Toast, 2 slices
with butter or jelly
†Coffee with cream and sugar

The Quaker Oats Company.
CHICAGO

Today's Health News

BY ALTON L. BLAKESLEE

PSYCHOSOMATIC ILLS

Emotions clearly can affect how we feel, even bring on physical pains. Here are some of the latest reports and viewpoints, from the Academy of Psychosomatic Medicine:

Patients with tuberculosis almost invariably show signs of emotional stress or difficult adjustments in the year or two before they become ill or suffer a relapse. Hormonal changes, brought on by emotional stress, may affect their susceptibility to the TB "bug."—Dr. Thomas H. Holmes, University of Washington School of Medicine.

Unrealistic attitudes toward love and sex are condemning an alarming number of women to frigidity in marriage. There are four leading causes: fear of disapproval or punishment, fear of pregnancy, hostility toward the husband and unconscious conflicting loves. Early and proper education can prevent much or all of such difficulty.—Dr. Robert N. Rutherford, Seattle gynecologist.

A major factor in backaches is failure to come to grips with everyday emotional problems. Low back pains are usually accompanied by excessive muscle function and electrical activity, and these follow a threat to security. The insecurity can stem from conflict, anxiety, guilt, hostility, frustration, apprehension, humiliation.—Dr. T. H. Holmes, psychiatrist, University of Washington.

"There is no one cause or cure for women who lose their babies in the early months of pregnancy, but we feel the emotions—working in a way we do not yet understand—play a basic part in the situation. Doctors must be able to recognize and treat the emotional needs of such women." Strong emotional support can help them avoid miscarriages.—Dr. W. R. Carl Tupper, Dalhousie University, Halifax.

Many discomforts of pregnancy are due simply to old wives' tales. The widespread belief that "morning sickness" is natural and inevitable accounts for its happening in many cases. Friends, relatives and even unwary doctors can enter into an unconscious plot to make the mother-to-be miserable. She's encouraged to develop classic symptoms, such as nausea and vomiting, as soon as possible so she can feel truly pregnant and match the misery she thinks is inevitable.—Dr. Howard P. Taylor, Cleveland obstetrician.

Emotional stress is a main factor in magnifying unpleasant symptoms, especially "hot flashes," in the menopause. In about half of patients treated, personal problems and emotional flare-ups made the symptoms worse, but there was improvement once the problems were cleared up. —Dr. S. R. M. Reynolds, University of Illinois.

These news items, gathered for *Today's Health* by a veteran science reporter from sources where serious scientific work is being carried on, are reported as interesting new developments, and should be read as such. Obviously no "endorsement" by the American Medical Association is implied by the publication of news items.

—Editor

CHILDREN'S HOUR

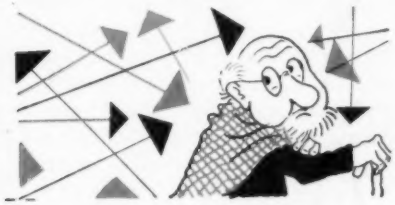
Who brings home the most sicknesses to spread in a family? Children, says Dr. John H. Dingle, of Western Reserve University, Cleveland, reporting a nearly ten-year study to the New York Academy of Medicine. Children introduced nearly twice as many illnesses into homes as did parents. Colds and respiratory illness accounted for 60 percent.

HOSPITAL FREEDOM

Hospitals usually have rigid rules, for good reasons. But overrigid rules can be dangerous for elderly people who are set in their ways, says Dr. Paul H. Lorhan, chief anesthesiologist at the University of Kansas Medical Center. The Center permits older patients to have a sip of wine, if they're accustomed to a drink, or a nightly stroll while everyone else sleeps, or indulgence in similar confirmed habits.

Many elderly patients die during

or right after surgery, he told the American Society of Anesthesiologists. They can't stand the stress and strain of surgery as well as younger people. Thus old people "should be encouraged to live as normal a life as possible while hospitalized. If we deprive them of things they've been used to for 50 to 60 years, they are apt to become resistant, throw up their hands and say 'what's the use?' "



QUACKERY

Thousands of cancer quacks have sprung up in the United States in the last 50 years, and anyone with cancer who goes to one is "turning himself over to certain death," the American Cancer Society declares. In a special 36-page report, it says remedies offered range "from a diet of pure grape juice to sitting in a zinc-lined pine box." Some quacks are well-intentioned and sincere; others are out solely to line their own pockets with money. Signs by which to recognize quacks, it adds, include: they usually keep their formulas secret; they refuse to submit their evidence to well-qualified medical scientists; they rely on "testimonials" and advertising; they often charge that a "medical trust" is against them.

RETIRED YEARS

The idea that retirement leads to poor health is not borne out by a Cornell University study. Indeed, "if any general effect at all can be discerned, it is that retirement leads to an improvement in health," says Dr. Wayne E. Thompson of Cornell. "Popularly it is assumed that retirement leads to a decline in physical well-being, for everyone knows at least one person whose health deteriorated or who died suspiciously soon after retirement." But the study found that retired people who were in poor health probably were that way beforehand, and this brought on the retirement, he told the Gerontological Society.

In another report to the specialists on aging, Lawrence D. Corey, University of Chicago, said that the ease of switching from work to retirement depends on the kind of job a person had. The higher the occupation status, the better the adjustment to retirement and aging. The more education a person has, the easier the switch, also.

DENTAL X-RAYS

There is no scientific evidence that x-raying the teeth in dental exams will harm people when properly done and no need for public concern, a panel of radiation experts reported to the American Dental Association. The dosage of scattered radiation which might reach the sex glands or other body areas sensitive to x-rays is only a small fraction of the natural background radiation from earth and air to which we are exposed all our lives, said Dr. W. O. Caster, University of Minnesota.

MENTAL ILLNESS AID

Injections of a brain tissue extract show great promise in treating schizophrenia and other mental ailments, says Dr. Mark D. Altschule of Harvard Medical School and McLean Hospital, Waverly, Mass. He injects extracts of the pineal gland, a tiny and little-known gland, from beef cattle. In a six-year study, Dr. Altschule has given the extract in various chemical solutions. In the latest one, the extract has brought striking changes in the few patients it has been tried on and marked changes in their blood chemistry, he writes in the *New England Journal of Medicine*. Patients keep improving with repeated injections, he said, but it's still too early to tell how valuable it will be in treating mental illness.

OVERDONE

Everyone needs vitamin A, but massive doses have brought loss of hair, nausea, general weakness and hemorrhage into the skin and mucous membranes, three physicians reported to the American College of Gastroenterology. The patients recovered when the excessive amounts of vitamin were reduced to normal, said Drs. Dale W. Creek, Lawrence M. Nelson and Kenneth Jay McNiece of Santa Barbara, Calif.

CANCER FORECAST

"Final understanding of the cancer problem is a distinct possibility within our lifetime," says Dr. Van R. Potter, University of Wisconsin cancer specialist. This comes from the idea that a basic understanding can be won concerning vital chemical mechanisms controlling life itself, he told a cancer meeting sponsored by the University of Michigan.

ALLAYING FEARS

Parents might well "play dentist" with their children to remove their fears about visiting a dentist, advises Dr. Granville C. Fisher, University of Miami psychologist. The parents can pretend to carry out some of the steps the dentist will follow. They should avoid any statements that will arouse fear in the child. It's even a good idea to let junior go along when a parent is having teeth checked or treated, he told the American Dental Association.

HEREDITY CLINICS

The time is coming when every large city will have a clinic able to advise prospective parents on vital

questions of heredity. Some diseases or defects are inherited, some strongly, some weakly. Just what are the chances that a baby would inherit such a problem? There are some such clinics now, but "I look forward to the time when heredity counseling will be available in every large center of population," Prof. Lee R. Dice of the University of Michigan told the American Eugenics Society.

FOR better or worse, white-collar and blue-collar workers are leaving offices and factories in record numbers for the lure of added time to do as they please.

The day of the compulsive worker who cannot quit is fading. More of our middle-aged people, accustomed to shorter hours and increased leisure, appear hell-bent for retirement. At the General Electric Company, for example, a substantial proportion of workers retire at the earliest permissible age instead of waiting for the mandatory retirement age.

The trend today is definitely toward a lower retirement age and an increase in both the number and proportion of retirees. At the turn of the century two thirds of men over 65 were working. Today, two thirds of men in this bracket are retired. Moreover, the proportion of older people in the labor market is dropping every year.

During the next five years about 1,700,000 American men will retire. This figure is important to the economic strength of our nation. We can predict that Social Security costs alone will triple during the next 20 years, but gross national output is expected to double and the number of aged will increase by 45 percent. The aged will be receiving a much larger share of the economy's income. At what point the costs would exceed the nation's ability to pay is a controversial subject among economists. Most agree, however, that the limit will not be reached in the near future.

What about the health, happiness and welfare of the people choosing early retirement? What are their chances of successful adjustment to the retirement years?

In some parts of the world work is tolerated as a necessary evil and retirement viewed as the natural goal. That is not true of this country, for we live in a culture which glorifies work, regarding it as something which gives worth-while status. Retirement in the United States has been viewed by many as the postscript to life.

Retirement studies in Kansas City and Chicago, at Cornell University and the University of Michigan reveal that few people get as much satisfaction out of leisure or retirement as out of achievement. These same studies show that occupational success does not necessarily equip a person for good use of leisure.

Within the memory of people still living, life expectancy in this country was 40 years; the usual work-week was 70 hours. Thanks to advances in medical science and technology, the situation today is the reverse. Life expectancy has soared to 70 and the work-week has dropped to 40 hours. This revolutionary change has given each of us many years of added leisure.

Medical progress has improved our health, too, so that most people should feel fairly fit at retirement age.

Dr. Jeanne Gilbert, consulting psychologist of Brooklyn, N. Y., warns of the possible trap of premature retirement. "It is something," she says, "which many younger people look forward to with pleasure and many older people initially accept with a feeling of gratification as they hear the tributes paid to them at the retirement dinner. Unfortunately, the end result is not always as anticipated. The temporary ego-building effect of the pretty speeches is soon lost. The prestige once held by virtue of a good position is soon forgotten and the opinions once revered because of economic or executive importance are soon considered of little consequence."

Dr. Margaret Mead, noted anthropologist, points out that our culture lays stress on upward gradients, or continuing success ever spiralling upward. Past accomplishments are discounted. It is what you are, not what you were, that counts.

A psychiatrist, Dr. Hollis E. Clow, of New York Hospital, says there is no question about the psychological need to continue in the creative social, economic and political life of the community. "Since work," he tells us, "plays such an important part in a person's life, the problem of retirement has great psychological significance. The period of retirement which one might anticipate would be pleasant is too often devastating to the personality unprepared for retirement."

An educator, Dr. William H. Kilpatrick, recognizes different degrees of retirement. Some people may wish to slow down; others retire from a specific position but continue to work along the same line. He expresses concern over the third group, those who give up their work completely and save nothing to occupy their time with.

How do your retirement ideas stack up against the views of these experts in health, education and social attitudes? The experts agree pretty much on this: retirement to be satisfying must be built on continued activity and usefulness.

If you are basing your retirement plans on vague hopes or a rosy picture of do-nothing ease you may be in for serious trouble. Psychiatrists speak of the "lethal cessation" of activity, and Dr. Edward J. Stieglitz, renowned geriatrician, emphasizes that inactivity speeds up the degenerative process. The fantasy of retirement as a Grand Loaf must be erased once and for all, for nature eliminates those who have relinquished their usefulness.

I have known men and women who gave no thought to the retirement years beyond "a fun-filled trip to California," "more gardening, my favorite hobby," or "fishing and hunting to my heart's content; I never get tired of them."

These interests are all right as far as they go. But they are an infinitesimal part of what a retirement program should be. When my friends tell me they are taking that trip to California they always looked forward to, I say to them, "That's splendid. What are you going to do when you come back?" "I'll cross that bridge when I come to it," they tell me. The only trouble is they have never checked to see what kinds of bridges are ahead of them to cross; and they have never constructed any bridges themselves to cross in case of necessity.

Work around home and garden has been found to be the most satisfying activity among retired folks in the Cornell study of retirement adjustment. But here again, one single activity like this cannot be considered an adequate retirement program. Gardening and outside home repairs are seasonal in most parts of the country. They leave a long winter every year with little or nothing to do. They remove the older person from community life and they separate him from those who do not

Cy LaTour

Finances and health are important, but the emphasis should be on satisfying and useful activity.

by THOMAS C. DESMOND
Chairman, New York State Joint Legislative Committee on Problems of the Aging

have the same interest. Besides, what kind of a garden or home needs all the care you used to give it plus the 40 extra hours of leisure you have acquired since you retired?

Fishing is a healthful, exciting sport. But at the usual retirement age you still have a life expectancy of over 13 years. That's a long time to fish!

"The more completely one can forget himself in the active pursuit of interests," Dr. Kilpatrick tells us, "the happier he will be. However, this will be possible only as one feels that he is succeeding reasonably well at what he is trying to do. This sense of success comes better in the degree that the work is objective enough to be seen not only by one's self but also by others. The more that these others, whose judgment one values, approve one's success, the greater satisfaction one gets from it."

The five goals of retirement have been summed up by Dr. Leo W. Simmons of Yale University as these: to live as long as possible; get more rest or release from humdrum tasks; remain active participants in group affairs; safeguard or strengthen any prerogatives acquired, such as skills, possessions, rights, authority and prestige; finally, to withdraw from life when necessity requires as honorably and comfortably as possible with maximal prospects for an attractive hereafter.

All these objectives can be summed up in but two words, *influence* and *security*.

Old age has been freed to make choices. Senior citizens can work at work or they can work at community, church, civic and home activities. Many of our elderly people, tired, harassed, stuck in dull, monotonous work routines, look forward to a better life, to a future unfettered by foremen, time clocks and production lines. All this can be achieved in retirement. But retirement is only an opportunity for new activities, new interests, new freedom for a more satisfying life. It is not an escape from life or reality. Happiness will not be thrust upon you when you leave your customary employment for good. You have to know what you are after, then plan for it and work for it. Leisure can be a real friend if you know how to use it; a formidable enemy if you abuse it.

One of the most prevalent myths today is that retirees die soon after quitting their jobs. Mortality is not necessarily correlated with retirement. But retirement success does depend on attitudes, finances, activity plans and health.

A Retirement Frame of Mind

There is hardly an activity known to man that cannot be fitted, in some way, at some time, into a suitable retirement program. And the program should remain flexible enough to alter considerably as interests wane or new ones are acquired. You should approach the days of retirement with what Mrs. Henrietta F. Rabe, of the New York State Education Department, calls a "retirement frame of mind." You should be hopeful and happy because you must have considered, when you decided to retire, that you were making a change for the better. It can be a change for the better, because you have new freedom, new opportunity to do what you always wanted and to do something for others. Now you can travel, play golf, relax, have fun or just plain loaf, if you want to, all without a feeling of guilt.

Make up your mind that throughout retirement you'll tackle promptly all the things you wanted to do but couldn't because of the lack of time. Take a trip if you want. Fish to your heart's content. Swing in the hammock. Nap every afternoon. Sleep late mornings. Have a grand vacation, and get all the things you wanted to do out of your system. Don't be afraid you'll develop bad habits this way. Unless you are the exception, you'll find that the things you always tried to squeeze into two-weeks' vacation and couldn't will lose their appeal when you can think in terms of years instead of days. You'll reach the point of saturation and psychological fatigue. Then you'll be ready to separate what is unimportant and transitory from what is fundamental and will give you long-lasting satisfaction during the rest of your life. When you develop this true set of values you'll be able to settle down in earnest to face this business of living in retirement.

The Emancipation Proclamation

"Do you have a girl in every port, admiral?"

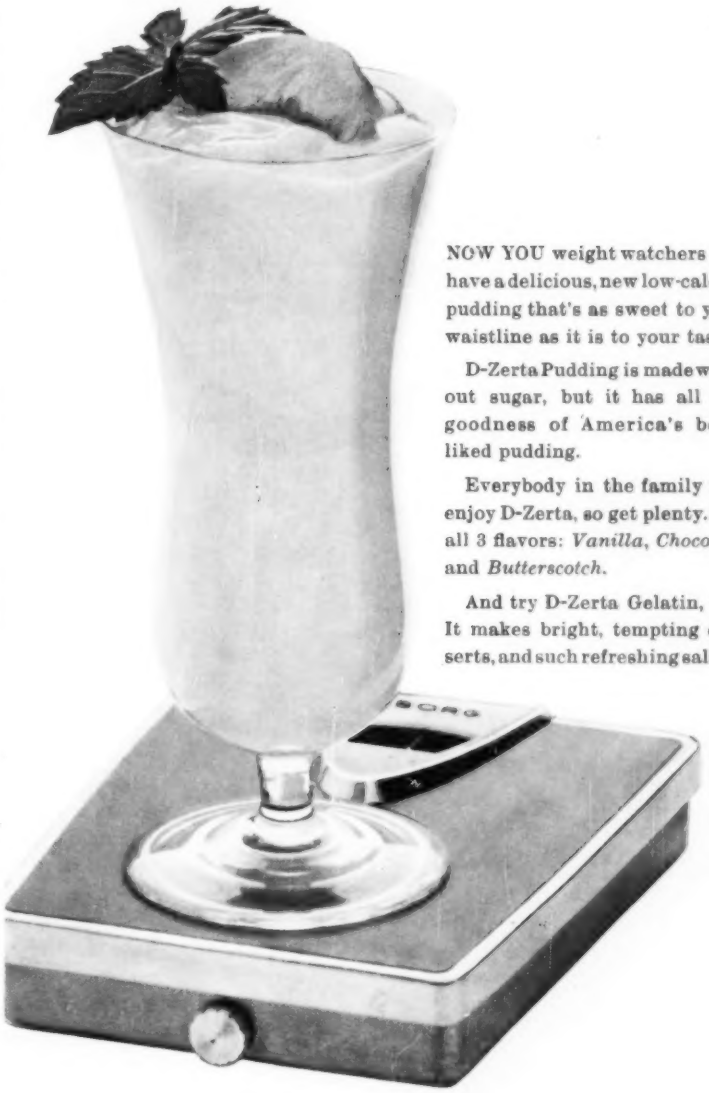
for many aged was signed and sealed by our ability to set aside in private pension reserves $20 billion currently, and by our willingness to support old-age and survivors' insurance. Twenty-seven thousand private pension plans cover 20 million American workers, not counting public employees protected by governmental retirement funds. Seventy percent of labor-industry negotiated union plans now permit optional earlier retirement than the so-called "normal" retirement age. Typical plans permit retirement at 60 after a specified number of years of service. Most pension plans today pay about a third of average salary under $4200, exclusive of Social Security, while higher paid personnel may receive anywhere from 31 to 40 percent of annual salary during years of employment.

Financial Aspects

No matter how high an income you anticipate in retirement, don't become a victim of the myth that all you need for successful retirement is ample annuities, a bulging investment portfolio or a pension. Certainly adequate income is important, because it can give you financial security and make possible more activities in retirement. Financial preparation for retirement, an expression of high resolution and character, is the foundation on which a retirement structure must be built, but it is only part of a livable edifice. It does not take the place of good health, worth-while accomplishment, the satisfaction of service to others, good friends, and serenity in the home or at least in a homelike atmosphere for those who are left without family. The trouble with the federal Social Security program is that it merely provides a minimum floor of economic protection. It falls far short of its mark if by Social Security we mean security in society. It is a cause or a part of the thinking that has influenced people to save frantically in youth and middle age as the only kind of preparation for retirement worth worrying about. Happiness can be reasonable in price if we know how and where to look for it. It is beyond the means of some of the wealthiest who search

(Continued on page 50)

For weight watchers... new low-calorie **D-ZERTA PUDDING**



NOW YOU weight watchers can have a delicious, new low-calorie pudding that's as sweet to your waistline as it is to your taste.

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Compare the calories in one serving:	
Cherry Pie	360
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D-ZERTA GELATIN (*all 6 flavors*)	12

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Only 54 calories in a serving

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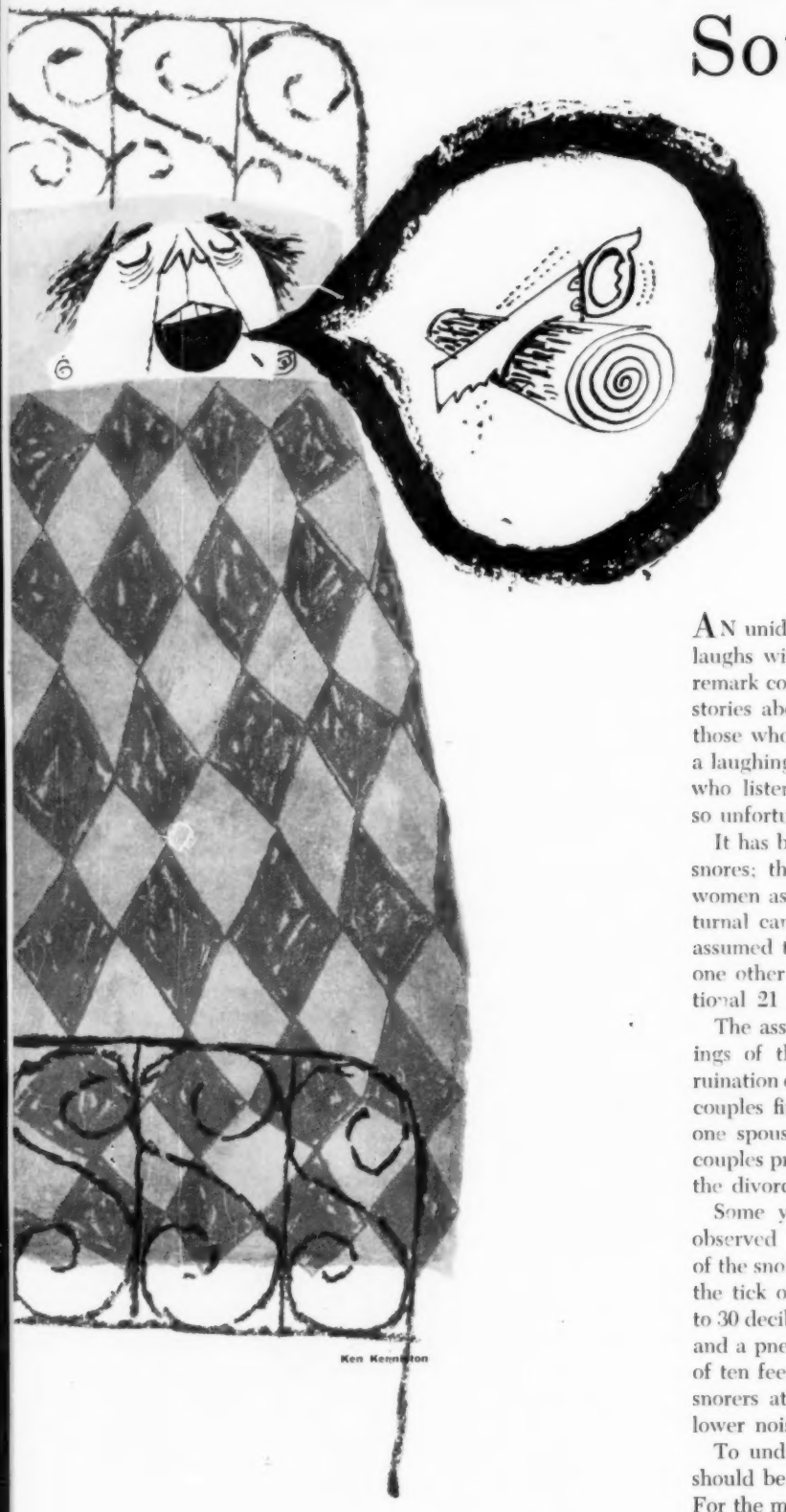


Sound Facts about Snoring

AN unidentified wit once said, "Laugh, and the world laughs with you. Snore, and you sleep alone." Such a remark could easily set off a chain reaction of humorous stories about a widespread complaint that afflicts only those who are not the patients. Yet snoring is far from a laughing matter, to judge by the comments of people who listen nightly to a disorder that victimizes those so unfortunate as to have good hearing.

It has been estimated that one American out of eight snores; this means something like 21 million snorers, women as often as men, producing a nonsonorous nocturnal cantata when they are unconscious. And if it is assumed that each snorer disturbs the sleep of at least one other person, it is obvious that there are an additional 21 million unhappy listeners.

The assorted hisses, gurgles, buzzes, snorts and raspings of the snoring nuisance hold the seeds for the ruination of an ostensibly happy marriage. Many married couples find it necessary to set up a schedule wherein one spouse tries to precede the other in sleep. Other couples proceed to separate bedrooms and possibly even the divorce courts.

Some years ago a Colgate University psychologist observed the amount of noise broadcast by members of the snoring entourage. (In terms of loudness intensity, the tick of a watch at three feet was measured at ten to 30 decibels, ordinary conversation at 40 to 60 decibels and a pneumatic drill at 70 to 90 decibels at a distance of ten feet.) The Colgate study measured one group of snorers at 40 decibels and another at 69 decibels, the lower noise limit attained by a pneumatic drill.

To understand the mechanics of snoring, something should be said about anatomy, physiology and physics. For the most part, snoring is generated while breathing either in or out during sleep by several structures in the nose and throat. The sounds are due to vibrations in

TWENTY-ONE MILLION SNORERS HAVE INSPIRED MORE THAN 300 ANTI-SNORE DEVICES. EVEN THAT HASN'T SOLVED THE PROBLEM FOR EVERYONE.

by NOAH D. FABRICANT, M.D.

the soft palate and other soft structures of the throat in response to inflowing and outflowing air. The position of the tongue also influences vibration. Vibration occurs when the soft tissues of the mouth and throat come close to the lining of the throat. In short, snoring can be compared to the noise made when a breeze causes a flag to flutter on a pole.

The frequency of the vibrations depends on the size, density and elasticity of the affected tissues and on the force of the air flow. Although snoring is usually a product of inhaling through the mouth, there are instances in which short snores (known as snorts) take place through the nose with the mouth open. In fairness to snorers, it should be emphasized that snoring is an involuntary act, stopping when consciousness is regained.

Fortunately, a number of the causes of snoring can be ameliorated and even cured. Though overwhelming evidence can be cited against promiscuous and poorly justified tonsil and adenoid operations in children, the opposite is true in properly selected cases. In such selected instances, few operations show more favorable results. Greatly enlarged tonsils and adenoids—the adenoids are on the back wall of the throat, hidden by the soft palate—frequently induce mouth breathing, a nasal quality to the voice, eating problems and, of course, snoring. Most cases of snoring in children are cured by removal of enlarged adenoids and tonsils.

A blocked nose may lead to both mouth breathing and snoring. Snoring is from time to time traceable to a deviation of the septum, the partition that divides the interior of the nose into halves. A perfectly straight septum is rare, but even when it is straight, a ridge or spurlike thickening may occur on the septal wall. People vary considerably in complaining about blockage of the nose due to a bent or twisted septum. *(Continued on page 52)*

Protecting your home

Thousands of common household products are a potential threat to small children.

WE are in a new era with regard to poisons. The threat extends far beyond the careless use of internal medicines, lead paint and petroleum products. The danger lies in the thousands of recently developed household items. The Committee on Toxicology of the American Medical Association reports about 250,000 brand-name chemical products available for industrial, farm and home use. This shows the magnitude of the matter.

According to Dr. Edward Press, chairman of the subcommittee on accidental poisoning of the American Academy of Pediatrics, "Poisoning now looms as a major public health problem. Moreover, at the rate new chemical compounds are being synthesized and distributed, an even greater threat to health from poisoning is likely."

Few, if any, of these items are designated as poison. Toxic ingredients may not even be mentioned on the label nor an antidote printed for use in case of accidental swallowing. Most can be bought at the corner store, and few people are aware of their dangers if misused.

Practically everything has been swallowed by a child at one time or another. Here are external medications that have proved unorthodox additions to youngsters' diets: antiseptic (frequently); liniment (less frequently); now and then rubbing alcohol, skin medication, toothache drops, inhalant, eye drops, camphor spirits, corn and callus remover and foot powder.

from UNLABELED POISONS

by MARY MARGARET KERN

In the line of cleaning, polishing and sanitizing agents: bleach has been swallowed time and again; children have taken disinfectants, lye and furniture polish; others have tried cleaning fluid, cleaning agents, room deodorants, soap, silver and shoe polishes, bluing and ammonia.

Among cosmetics, a few children have shown a taste for hair solutions, nail polish remover, deodorant, perfume, powder, cologne, depilatory, facial and baby oil and shaving lotion.

With modern zeal for keeping our premises free of pests, a good many children have found the opportunity to swallow pesticides. Many children drink turpentine.

Finally, a child or two picks on totally unexpected substances for chewing or swallowing. These include such things as moth balls, cigarettes, crayons, fertilizer, matches, dyes, gas, ink, snuff, acetone, acid, dog pills, lubricating oil and varnish.

Quite a list, isn't it? These products were among those involved in a study of 1033 poisoning cases made by the Chicago Poison Control Center. Were it possible to poll physicians all over the country there would probably be additions. As it is, the American Academy of Pediatrics found poisoning to be the cause of 30 percent of all child accidents covered in a 1952 survey.

Children under five are the principal victims of accidental poisoning. In the Chicago study, 84 percent of the cases involved children under five. Figures of recent years show that more than a third of deaths from accidental poisoning by solids or liquids are among children in this group.

There is no doubt that poisoning is a home-centered problem, and figures bear out the increasing involvement of the new household products. Among 1203 nonfatal accidental poisonings of children under five reported by six Poison Control Centers in the United States during the 15 months ending October, 1955, 58 percent were caused by materials for external use—cleaning agents, pesticides, lye, lead and others. Drugs accounted for only 30 percent, petroleum products for 11 percent, with one percent unknown.

What can we do about this problem? There are two approaches, one public, one private. The public program embodies what doctors, hospitals and public groups can do.

Doctors, particularly, have a new and difficult role. Obviously no doctor can know the poisonous ingredients of the thousands of new household products or their antidotes. And in poisoning, even a short delay may mean death. Up to about four years ago, chances for quick action were largely hit-and-miss. If your doctor happened to know what poisonous substance was involved, well and good. If not, perhaps not so good. But let's see what happens today.

A mother rushed into the emergency room of the hospital carrying her little boy. She was gasping with fright. "There have been so many flies lately!" she cried. "We had fly spray around. Davy drank some . . . " She sucked in a great sob and held the boy out to the intern.

The intern's first question was the same as it would have been four years ago. "Did you bring the spray container along?" When the frightened mother pressed the can into his hands, his action was still as before—checking the label for toxic ingredients. But there the similarity ends, for Davy was lucky enough to be taken to a hospital participating in the new Poison Control Program inaugurated by the Committee on Accident Prevention of the American Academy of Pediatrics.

This means that the intern who saw Davy could turn at once to a comprehensive manual of modern poisons. Immediately he found the information he needed: the proper treatment for the toxic ingredients in this particular brand of fly spray. Soon Davy was out of danger.

Should the case have been more difficult, the Poison Control Program has set up other resources to help a child like Davy. Serving the hospital where Davy was taken is a poison control officer, one of the staff especially instructed in the poisoning problem and on call (with an alternate) for consultation 24 hours daily. Besides this, members of the emergency room personnel have been briefed on the problems of modern poison and are prepared to meet each case that comes.

Should it seem indicated, there may be a follow-up by a board of health worker at Davy's home following the poisoning incident. Why did Davy have access to fly spray? Are there other household items sitting around that Davy might get hold of another time? By educating his mother on the dangers of household poisons, can another poisoning be averted?

This program was begun in Chicago under the leadership of Dr. Press, then chairman of the poisoning control committee of the Illinois chapter of the American Academy of Pediatrics. It marked the beginning of the Poison Control Program.

With a number of groups cooperating, including heads of pediatric services, toxicologists and the Chicago Board of Health, an 85-page loose-leaf guide for treatment of poisons was begun. This guide was placed first in the emergency rooms of six Chicago hospitals and a comprehensive record kept of its use from November, 1953, to March, 1954. The record compiled information on such points as what agents were causing poisonings, what were symptoms of the victims and what was the socio-economic status of their families. A Chicago Board of Health follow-up program by phone and personal visits to homes where the poison- *(Continued on page 60)*

YESTERDAY in Washington while I was chatting with a writer friend, the conversation turned to politics, as it inevitably must in that city. Once we discovered that we were at opposite poles politically, it seemed safer and more pleasant to talk about other things.

My friend commented that the wife of one of our outstanding young politicians had been a neighbor of hers a few years ago. She recalled that she had conversed with her only once. It was on a Sunday morning. The impression was vivid and lasting. She remembered a woman in her mid-thirties with sallow unadorned skin and lank thin would-be blond hair, attired in an ill-fitting camel's hair coat. It seemed unbelievable that this was the wife of the young, ambitious and promising legislator.

Several years later, they met again in a large Washington department store, and a metamorphosis had taken place. The politician was now famous and his wife reflected her husband's success—hair nicely coiffured and several shades lighter, skin skillfully made up and clothes well fitted.

For my friend, the moral of the story was that this was an example of what money will do. Others might conclude that a man can be successful in spite of his wife. To me the story sharply refutes one of the most common misconceptions which has long provided an excuse for neglecting appearance. Good looks are not a matter of money; they are a matter of caring enough to do something about them. It means taking the time and effort to make the most of one's attributes while minimizing less attractive features. Granted, it is far easier if one has sufficient money to simply turn oneself over to a fashionable beauty salon and let skilled operators take over. But women who can afford this are few and far between. Besides, beauty shop care can only supplement daily care. Beauty is not a sometimes thing. It is maintaining a regular schedule that becomes so much a habit you're hardly aware of it. That's why there is no substitute for a woman's studying herself, experimenting with the available cosmetics and, finally—with or without the help of a beautician—deciding what is most flattering.

We had to learn how to walk, talk, read, write and dance, and we had to practice. The way to good looks is no different. First, we must find out what to do; then we work at it. And if we don't succeed, we try, try again. It's well worth it. Though there may be exceptions, there is the soundest kind of proof that one's appearance reflects one's self-respect and morale. No one holds a person responsible that he was not born beautiful or handsome nor that the years bring unflattering changes. But with today's wide range of cosmetics at reasonable prices, few excuses are acceptable for a woman not looking her best. As a famous French writer once wrote, "There are no ugly women—only women who do not use cosmetics."

If you honestly feel that you are not as attractive as you might be, the new year offers a good opportunity for a change. Particularly if you have always thought of yourself as "plain," it's time to realize that your skin, your hair, your eyes need not be drab and nondescript—if you care enough.

It is one of life's realities that no matter how sterling our character or how much inner warmth and feeling we possess, there are situations in which the impression we make depends entirely on our appearance. For complete details on which cosmetics to use and how to apply them to give just the desired illusion, we hope you will invest in at least one of the many comprehensive books on beauty techniques. Here are a few suggestions which you may want to consider as a basis for New Year's resolutions:

Take a few minutes for self-appraisal standing in front of a full-length mirror in clear revealing light. Take a good long look at yourself just as impartially as if you and your reflection were strangers.

Look first at your hair. This frame for the face has always ranked high as an asset or liability to feminine pulchritude. Is the color drabber than it used to be or you would like it to be? If so, why not try one of the new water-soluble hair rinses and tints? Here's your chance to experiment—and do it conservatively. Rinses can be used at home and washed out if the results do not please you. Hair color is not radically changed; rather natural shades are brightened. What head of brown hair does not look more alive and striking when it is burnished with slight copper highlights here and there? And the few gray hairs will be temporarily camouflaged. Many women with gray hair are enthusiastic about rinses and tints which enable them to add silver notes for a more dramatic effect. Definite hair color changes, such as transforming gray hair to a more youthful brunette shade, require the use of hair dye. Even here, however, the last few years have heralded some encouraging changes. The day of the unbelievable reds, hennas and harsh blonds is about over. Colors as flattering as gray to the mature skin are most popular. Ash blond is a soft shade particularly pleasing to the eye. Regardless of the shade selected, hair dyeing is most satisfactory if handled by a skilled beautician.

What about your hairdo? Have you altered the part, changed the hair length, tried something different during the last year? This does not necessarily mean a change in basic hair style. You could name at least two actresses who have worn bangs for a decade or more. Yet their styles varied. For example, have you always thought that long hair would be more flattering, yet have not had the patience to let yours grow? Is your hair too sparse or slow-growing to please you? Then you may want to investigate the possibilities of the wide variety of artificial hair pieces available. There are chignons, coils, buns, braids and *(Continued on page 54)*

A NEW YOU

for the New Year

BEAUTY AND HEALTH

by VERONICA LUCEY CONLEY
Secretary of the American Medical Association
Committee on Cosmetics

Today's Treatment of LEUKEMIA

by HARRIET H. HESTER

Drugs are increasingly prolonging life—and the day may not be far when scientists will be able to control this dread disease.

ONE could scarcely believe that *anything* ailed the husky three-year-old in the Davy Crockett outfit racing through the aisle of the crowded clinic, his bright balloon sailing above him. Yet this was the Chemotherapy Service, Memorial Center for Cancer and Allied Diseases, in New York. And the fact is that young "Davy" has leukemia.

A few years ago Davy could have been expected to live only a few months at most, and that short span of life would have drained drearily away in weakness, invalidism and pain.

Today, Davy is one of several scores of children treated in this clinic who are active and free from symptoms more than a year after the onset of the disease. There are many more receiving treatment through other institutions. They owe these added months of life and good health to modern miracles of chemotherapy, treatment with drugs, usually effective in tablet form.

Davy lives a normal life at home—riding his tricycle, attending nursery school—and visits the clinic about every two weeks. His doctors state frankly that the treatment cannot save his life and has not cured his disease, but it has controlled it, at least temporarily.

There were some 20 other patients in the clinic that afternoon, adults as well as children, all suffering from some variety of cancer related to the leukemias. According to Dr. Joseph H. Burchenal, chief of the Division of Clinical Chemotherapy of the Sloan-Kettering Institute for Cancer Research—which staffs the clinic—we were observing a typical day.

Some of the patients, such as the young mother slumped listlessly in her chair, did have a look of pallor and illness. A fresh wave of her disease had caused her white blood cell count to rise. Blood transfusion was arranged for her, but she was able to go home to her family that evening. She has been kept alive in sufficiently good health to care for her children and household duties and enjoy her social life for more than eight years. Without treatment, she would have spent those years in unhappy invalidism at best.

The strapping, middle-aged man whose doctor cut down his dosage for the following week has been treated by various forms of chemotherapy since March, 1947. He has a chronic type of leukemia, but he's been able to continue in his job as a machinist and to support his family.

Who gets leukemia? Almost anybody may become its victim. To an extent, certain types occur more commonly in children and others in adults, but it strikes unexpectedly and indiscriminately at all ages and in all walks of life. From 1500 to 2000 people die of lymphatic leukemia each year.

What is it? Actually, "the leukemias" is a more correct term for the disease in its various forms. You'll hear people call it cancer of the blood or a condition in which the white cells devour the red cells.

Neither of these definitions is accurate. The fault does not lie in the blood, but in the body organs that make the elements of blood—the spleen, lymph nodes, liver and bone marrow. In the patient with leukemia, these organs go on a frenzied spree, wildly producing white cells, many of which are abnormal, and reducing the elements needed for making red cells and the tiny platelets that prevent and stop bleeding. Consequently, the blood stream of the leukemia patient contains many abnormal immature white cells and insufficient red cells and platelets.

Overworking the blood-forming organs to achieve this superproduction results in swelling and tenderness around the liver, spleen and lymph glands in the neck, armpits, chest, abdomen and groin. Or the patient may suffer soreness and pain in the joints.

In spite of their enormous numbers, the inefficient white cells in many leukemias are unable to fulfill their task of warding off infection. Deficiency of the platelets allows easy bruising and bleeding from delicate tissues such as those of the gums and nostrils. The inadequate red cells fail to carry enough nourishment and oxygen to the body tissues, so the leukemia patient grows pale, tired and short of breath.

What are the common types of leukemias? A leukemia is considered acute when the white cells produced are immature. In chronic leukemias the cells are more fully developed.

Lymphatic leukemias originate in the lymph nodes and spleen. Acute lymphatic leukemia is most usual in children. Untreated, it runs a rapid, fatal course. Chronic lymphatic leukemia, on the other hand, ordinarily attacks older persons and the patients usually live longer than with other types; survival of ten or even 20 years is not uncommon.

Myelocytic leukemias arise from affected bone marrow. Their victims usually are adults. Chronic myelocytic leukemia may be lived with for a number of years, but because of its resistance to treatment, acute myelocytic leukemia offers the least hopeful outlook for the patient's future.

Can we hope for methods to cure leukemia? Perfect methods may not be possible until scientists know more completely why these organs go berserk. The predominant theory is that a cancerous condition of the blood-forming organs is responsible. Some researchers believe that the cause may be found in an upset of the chemical housekeeping of the body; others seek a key in the possibility that an imbalance of hormones may be at fault; still others are working on the premise that an undiscovered virus may be the culprit.

Meanwhile, treatment of patients afflicted by the leukemias is a matter of urgency. "Though we cannot cure leukemia," Dr. Burchenal told me, "we can prolong the lives of many patients with acute leukemia; and in the chronic forms, at least the actual—and perhaps even the useful – survival time of the patient can be increased."

How are leukemias treated? Radiation, blood transfusions and chemicals are the forms of treatment in most general use. Frequently combinations of the three prove more effective than any one alone, although radiation is of value only in the chronic leukemias.

The earliest form of radiation available to medical science was x-ray, and it still is useful for focussing on localized areas, or for total body spray in small doses to control slow-moving disease such as chronic leukemia originating in the bone marrow. In this type, too, radioactive phosphorous, P 32—for which blood cells have a particular appetite—is sometimes administered. But its use must be limited to institutions equipped to handle atomic materials.

Certain hormones have also proved of value, both those from natural sources and their synthetic prototypes. ACTH and cortisone, for example, act rapidly to reduce the overabundance of white cells and restore the bone marrow to normal function. They are especially useful when a patient is so desperately ill that he cannot survive long enough for other agents to take effect. However, the influence of these hormones is usually brief, and once the patient has been tided over the emergency, other forms of treatment with chemicals are begun.

Our present great hope for patients with leukemia lies in the field of chemicals. The modern concept of chemotherapy against the disease had its birth early in World War II, when a research branch of our Chemical Warfare Service undertook to study the effects of poison gas containing nitrogen mustard. These scientists noted its peculiar ability to reduce the production of white cells by the bone marrow.

In clinical tests with patients, it was quickly discovered that while nitrogen mustard caused brief nausea and vomiting, treatment for only a few days could slow the progress of certain types of chronic leukemia from one to six months. In addition, the course of treatment could be repeated when the white count again began to get out of hand. Nitrogen mustard cannot produce a cure,

but it prolongs an active, normal life.

Stimulated by this progress, widespread experiments were begun in an effort to develop similar agents which could be given without discomfort, would not damage normal tissues nor permanently curtail the blood-making ability of the producing organs. Within a few years scientists discovered a variety of such substances (TEM, Myleran and others) which have given priceless additional years of life and activity to thousands of patients.

In recent years, too, basic science—the kind of research that is curious about everything as contrasted with research directed toward a specific problem—has been striving mightily to unravel the mysteries of cell growth and reproduction. With radioactive isotopes, it became possible to trace chemicals through living tissues and organisms. Science began to learn many things about the chemical structure, not only of particular cells, but of the chromosomes which determine their characteristics.

Scientific knowledge is shared, made available to workers in every field, as well as those within a given science. This teamwork, among all branches of scientific study, and all of the free world, is our greatest assurance that some day the missing links in such problems as leukemia and other forms of cancer will be found.

Among myriad bits of knowledge that came to light through basic research is the seemingly simple fact that all living cells have to eat, and cancer cells, multiplying with outrageous rapidity, possess enormous appetite.

From this came a new approach to cancer research. Suppose that a chemical could be found—without food value, but so much like an essential food that the cells couldn't tell the difference? And suppose some of this chemical could be given the cancer patient along with the real nutrients? The cancer cells, gobbling more than their share, would also get an overdose of the disguised chemical and be cheated of the nourishment they needed. Normal cells, on the other hand, might be less damaged.

As usual in cancer research, certain strains of mice and rats susceptible to types of cancer found in people became the animals of choice for laboratory experiment.

Folic acid—one of the many components of Vitamin B—was known to be essential nourishment for cells of the bone marrow. Its nonnourishing "double" proved to be another element of the same vitamin complex, pteroyltriglutamic acid, and this is antagonistic to folic acid. From this, two chemicals were evolved which proved useful against acute leukemias — aminopterin and amethopterin.

As early as 1953, the Second Conference on Folic Acid Antagonists presented a compilation of reports from various institutions on the treatment, with these two agents, of a total of 425 children like Davy, suffering from acute leukemia. Of these children, 68 percent had shown improvement.

Following the successful reasoning which had led to aminopterin and amethopterin—that for every substance indispensable to cell growth and reproduction there may exist an antagonist—scientists began to look into other possibilities than cell nourishment.

"Suppose," they said, "that some substitute could be slipped into the nucleic acid of the chromosomes, which control reproduction and govern the production of normal and abnormal cells?"

In 1952, workers in the Division of Experimental Chemotherapy at the Sloan-Kettering Institute for Cancer Research, headed by Dr. C. Chester Stock, identified the first agent of this type. With the cooperation of chemists at the Wellcome Research Laboratories, it became possible to manufacture it in sufficient quantity for testing with animals and for clinical experiment.

Known as 6-mercaptopurine (called 6-MP), it was given to 269 patients in Memorial Hospital during the next two years. One hundred forty of these patients, 87 children, had acute leukemia. Almost half of the children showed good response. It was also effective in some cases of acute leukemia in adults—unlike previous chemicals which had been unable to benefit adult patients.

Moreover, it proved effective in 11 out of 12 adults who were in early stages of chronic myelocytic leukemia.

Fortunately, none of these three kinds of chemical agents—the hormones, the folic acid antagonists and the antipurines such as 6-MP—conflict with each other. The doctor can use them one after another, or in combination, to fight back when the stubborn leukemia cells get accustomed to any one and are no longer affected by it.

What this means in lengthened life, enjoyed in apparent good health, can be forcibly shown by studies of three series of children with acute leukemia.

In 1952, of 218 untreated cases re-

"We've got one licked, Mom."

ported in medical literature, half the children died in less than four months; only five percent were alive at the end of a year.

In a series of 154 children treated at Memorial Hospital with hormones alone, the folic acid antagonists, or both—half the children lived almost nine months; 29 percent lived at least one year.

When 6-MP was added in treatment of a third series of children, 47 percent of them lived a year.

In the cheerful clinic that afternoon—with volunteers known as "Bluebells" distributing balloons from gaily decorated carts and children coming out from examination rooms hugging a toy or licking a lollipop—I was impressed by the look in the eyes of all the adults who knew the nature of their disease, and of the parents of the children.

Davy's father and mother had that look. They know it's unlikely that they can keep Davy. But they're grateful that almost until the very last he'll be his healthy, rollicking self. They take pride and comfort in knowing that what the doctors learn from Davy's case may help other children.

And with every day that he lives, there's always the hope that next month, or the month after that, the perfect chemical will be found: the agent that will cure leukemia.

"It's that hope that keeps all of us going," says Dr. Burchenal, who urges that *all* cases of acute leukemia be brought to treatment.

"Too often," he says, "the attitude is that 'since there is no cure for the disease, let the child or adult die in peace.' The answer to that is fourfold: 1. The untreated patient doesn't usually die in peace. Frequently he suffers many painful complications of the disease. 2. Under treatment, many of these children can live happy lives, continuing in school and playing as normal children. 3. During this time the family has the opportunity to adjust to the situation. 4. Finally, if these patients can be kept alive for another year or two, who can say that some investigator, somewhere in the world, will not come forth with a really effective agent to control the disease?"

IT'S AN IDEA

Edited by

NOAH D. FABRICANT, M.D.

Man is ready to die for an idea, provided that idea is not quite clear to him. — Paul Eldridge

He can compress the most words into the smallest ideas of any man I ever met. — Abraham Lincoln

An idea isn't responsible for the people who believe in it. — Don Marquis

It were not best that we should all think alike; it is difference of opinion that makes horse races. — Mark Twain

Ideas are like beards: men do not have them until they grow up. — Voltaire

One of the greatest pains to human nature is the pain of a new idea. — Walter Bagehot

Silence is the wisdom of the stupid. — Beerbohm Tree

The success of many books is due to the affinity between the mediocrity of the author's ideas and those of the public. — Nicholas Chamfort

A highbrow is the kind of person who looks at a sausage and thinks of Picasso. — A. P. Herbert

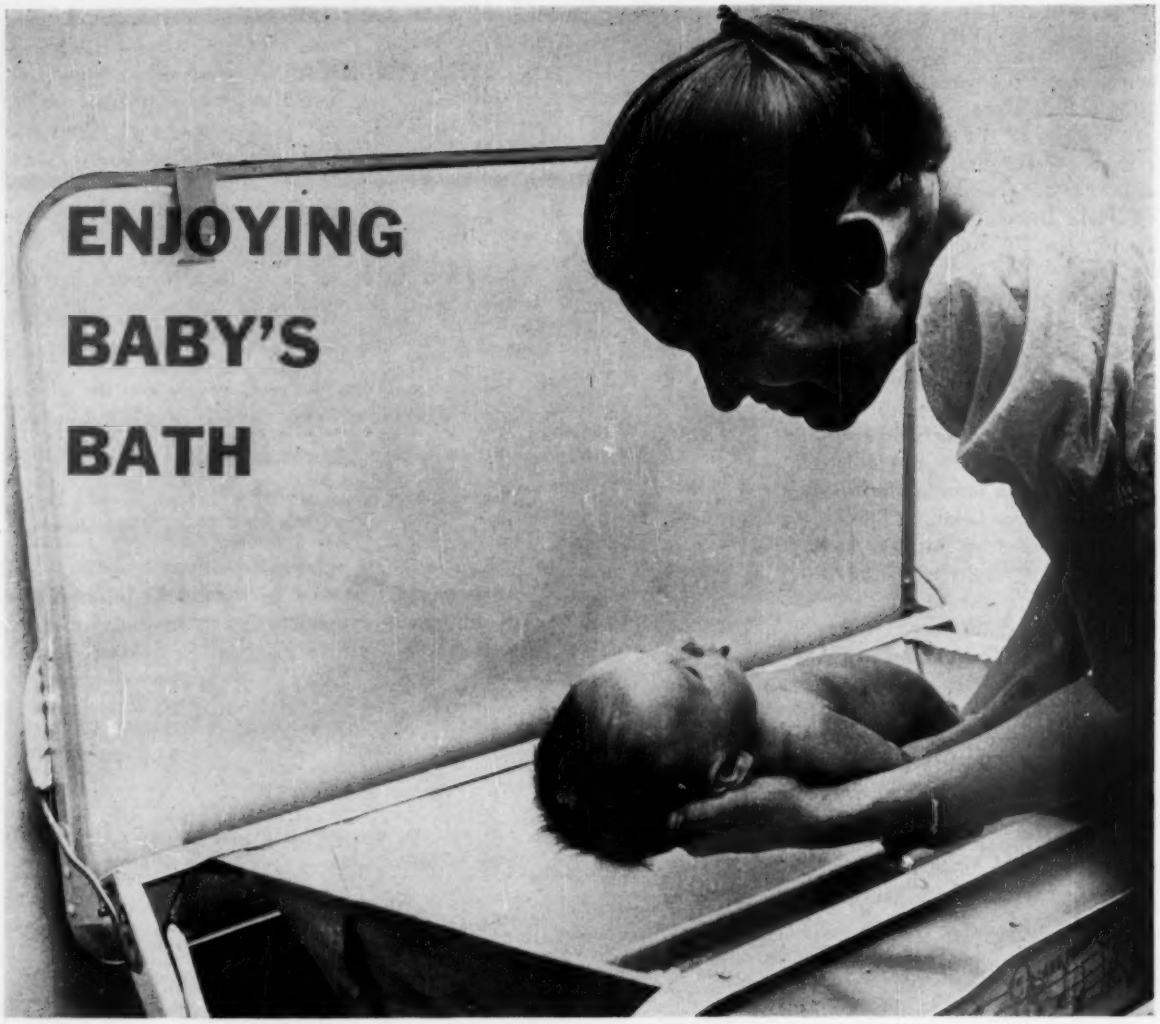
That fellow seems to me to possess one idea, and that a wrong one. — Samuel Johnson

Men were born to lie, and women to believe them. — John Gay

There are two kinds of fools. One says, "This is old, therefore it is good." The other says, "This is new, therefore it is better." — William Ralph Inge

As soon as an idea is accepted it is time to reject it. — Holbrook Jackson

ENJOYING BABY'S BATH



One look and you know this little fellow thoroughly enjoys his bath. And why not, when Mother makes it a special event.

by CHARLOTTE L. ENDRES

Photos by George Pickow (Three Lions)

BABIES are meant to be enjoyed, to be loved and played with. More important than vitamins or playthings are those gifts which money can't buy—the tender looks, warm smiles, soft words and gentle caresses which only you can give. From these your baby gains the all-important feeling of belonging, of being a very special person.

Wise parents take advantage of routine activities to enjoy Baby. Bath time, for example, is a wonderful time for most babies; it can be fun for Mother—and Father—too.

It's usually more convenient to bathe Baby before his 10 a.m. feeding, but before any feeding is just as good. If the repairman arrives or you're not feeling good when bath time rolls around, wait until later in the day. After all, you want to enjoy bath time.

If you give Baby his orange juice before the bath, it'll keep him from getting too hungry, and you'll both be happier. The bath water should be comfortably warm. You can test it easily with your elbow or wrist. When the room is warm, too, you won't have to worry about Baby catching cold.

Wash Baby's face first. Soap is not necessary, just a soft washcloth. A good soaping of the scalp once or twice a week will prevent "cradle cap." To clean his tiny nose and ears, a cotton swab dipped in water or oil can be used; steady Baby's head with one hand. Be sure to get into all the little skin folds.

Safety habits are especially important at bath time. Never leave Baby alone in the bath water or on the bath table. A little too much wiggling can result in a bad fall. Safety pins should be kept out of his reach, too; soap makes a good temporary pin cushion.

As you wash his tiny face or carefully rinse his soapy body, smile at Baby and laugh and talk. Let him really feel your love for him. When he smiles back or looks up at you with complete trust, you'll have no doubts that he's enjoying his bath as much as you are.

Wash Baby's face first, using a soft washcloth and no soap. You can hold him on your lap or a table for this.

Baths are fun when the water is the right temperature and Mother's hand gives Baby's head firm support.

Out of the tub and into the folds of a large, soft towel. And there's no chance for chills when the room is warm.

Oil and powder are a good idea if Baby's skin is dry or chafed. Dust powder on thinly to prevent its lumping.

Even if you take just one step away from Baby, make sure he's strapped in place so he can't possibly wiggle off.

A clean, sweet feeling, full tummy and sense of being loved add up to perfect contentment—and a happier baby.

ESCAPE INTO

THE patient groaned as the doctor entered his room at the Langley Porter Clinic. Seldom, thought the psychiatrist, had he seen a more dejected, woebegone figure. Bitterly, Peter Skyros began complaining about his back pains. The doctor listened sympathetically, at the same time leafing through the patient's records. Fifty years old. Janitor. Previous medical history—here was the eye-stopper—384 consultations. Eight different departments of the University of California Hospital had seen Peter before his admission to the psychiatric hospital. He had been hospitalized five times, had three major operations, one minor operation, one accident, one fracture, one venereal disease and any number of undiagnosed complaints. The psychiatrist glanced over the reports of x-rays and other diagnostic tests. Everything was negative; there was nothing physically wrong with Peter's back.

Peter's symptoms were, as are about half the symptoms patients bring to doctors, of emotional rather than physical origin. In spite of negative tests, unhappy patients continue to be ill. Why is it that one person recovers from an illness in a few days while another takes months or years? Why does one patient adjust to physical defect and live normally while another becomes an invalid? Even more puzzling are the physically healthy people with "functional" illnesses.

During World War II, when loss of manpower was particularly critical, the government investigated the causes of invalidism. As part of a study on rehabilitation, a four-year study of delayed recovery from chronic disease, surgery and accidents was begun at the Langley Porter Clinic, psychiatric hospital of the University of California Medical School, under a grant from the Office of Scientific Research and Development.

"The personality of the patients is in some cases more important than the disease process itself," says Dr. Karl Bowman, former medical director of the clinic and former president of the American Psychiatric Association. "While many patients desire quick and complete recovery, others find that continuation of symptoms may be a satisfactory way to dominate, gain prestige, evade unpleasant duties or achieve some other desired goal."

Dr. Jurgen Ruesch, who was in charge of the study, says, "The real invalid is not the person who has lost the function of some of his body parts but the patient who is unable to adapt to the situation. Speed of recovery is closely related to the intention, conscious or unconscious, of the individual to recover."

The problem is big and growing. About 25 million people in the United States suffer from chronic diseases. Each year these diseases cause nearly a million deaths and a billion days of disability. Victims occupy 750,000 hospital beds and receive the full-time services of at

by IRENE SOEHREN

About half of all symptoms are of emotional origin. Now we are discovering why and what to do about it.

ILLNESS

least one third of our physicians. Dr. Ruesch and his associates estimate that 1.2 million patients with chronic diseases also suffer from psychological invalidism. The figure is probably much higher.

Psychological invalidism is the kind of puzzler the Langley Porter Clinic was set up to tackle. In 1943 California health officials became concerned that one person out of ten would suffer sometime during his life from a serious mental or nervous disorder. To try to do something about this problem, the Langley Porter Clinic was organized as a research and teaching center and as a psychiatric hospital for acute and curable types of mental illness.

For the investigation of delayed recovery, patients—private, clinic and indigent—were referred by doctors throughout the San Francisco Bay area. Each patient got a complete examination in the University Hospital and was sent to Langley Porter either because he did not recover quickly or because he was believed to be suffering from a psychoneurosis. Those who were neurotic without physical symptoms were eliminated from the study. Every one of the 186 patients accepted had been treated for a physical disease in which symptoms persisted. The treating physician had reached an impasse in helping the patient.

The Langley Porter doctors considered the needs and fundamental personality conflicts of each patient. They found that most of them came from middle-class families with few financial difficulties. But as children they had subtle personal difficulties in the intimate family circle, where the most intense emotions are experienced. Here lay the seeds for their inability to adjust to adult living. How then can parents avoid sowing these seeds in their own children—and prevent them from becoming psychological invalids?

Dr. Bowman suggests that we need to see our objectives clearly. If we can teach a child to be industrious, to think clearly and logically, to face reality and to deal honestly and frankly with his problems, he will grow up capable of making his way in the world.

Sometimes the training will be as hard on us as it is on him, but repression is not the answer. The mother who tells the maid, "Go upstairs and see what Johnny is doing and tell him to stop," may subdue Johnny's boisterousness but endanger his mental health. The child may take refuge in escapist daydreaming, which gives him satisfaction and causes no clashes with his parents. But later he will be unprepared to face the world of reality because he is more at home in the world of fantasy. On the other hand, Dickie, whose parents are more permissive, bubbles over with naughtiness as well as health and high spirits. While not always polite and obedient, he is alert and curious and his very tendency to get into mischief is a sign of his healthy personality. His parents are doing a better job than Johnny's, for they are thinking of their son's future rather than of immediate benefits to themselves. Of course, not all quiet children are potential neurotics or naughty ones future successes. Each child must be understood and treated individually.

Insecurity and broken homes spelled a miserable

childhood for the Langley Porter patients. A child needs a home with warmth, relaxation and love. If we want a youngster to speak correct English, the speech he hears at home is more important than the rules he learns at school. In the same way, a child whose parents control their tempers and have a healthy mental attitude will unconsciously imitate those traits. Growing up in a pleasant, cheerful atmosphere, he, too, will be easy-going, friendly and gay. A human being denied love and security in childhood will miss and search for that love all the rest of his life.

But to return to Peter Skyros. One of the psychiatric residents, who interviewed patients about the origins of their disease, encouraged Peter to talk about his childhood. Peter told him he had never had any home life. When he was little, his father died and his mother married again. Peter longed for his mother's love more than anything else in the world. But she worked in a dime store in the daytime and spent her evenings out having a good time. Peter later went through life looking for the values he had missed in childhood. He had never married, and his eyes would not meet the doctor's as he stumbled through an account of his sexual promiscuity. He did not realize that all his diseases, consultations and hospitalizations were part of his craving for affection and wanting somebody to take care of him. He sought that somebody in his doctor, his nurses and the state which supported him.

Patients who don't know or won't admit to themselves that frustrating psychological experiences may make them physically ill usually think their symptoms are caused by disease. When they feel unhappy or depressed, they consult a doctor. If they can get authoritative medical opinion to back up their own diagnoses, their symptoms will be prolonged.

About a third of the patients started with an unidentified condition. Another third had an identified disease while the rest had had operations or accidents. More than half had multiple symptoms. Pain, intestinal symptoms and anxiety ranked first among the complaints. Sexual disturbances and fatigue came next. Where delayed recovery developed from an acute or chronic disease, the clinical picture at first resembled any other disease. But gradually a subtle change took place. The symptoms lost distinctness, sometimes moved from one part of the body to another and shifted from primarily physical to primarily psychoneurotic. Complaints became defense mechanisms by which patients handled conflicts. With children the shift to emotional invalidism sometimes occurred suddenly. For Diane, a frightening experience was responsible.

Gently the nurse at Langley Porter helped the ten-year-old stand beside her bed. Unable to walk since a polio attack six months before, Diane clung tightly to her nurse. She looked mutely at the doctor, her frightened eyes imploring him not to make her walk. But the doctor smiled encouragement at her and sat down a few steps from her bed.

"Come on, Diane," he said. "Try to walk to me now."

Instantly the child's back and legs stiffened. Her grip on the nurse's arm tightened painfully as she struggled to lift her right foot. Tears welled up.

"I can't, I can't," she sobbed wildly.

The psychiatrist knew that Diane's polio attack had been mild. Only her left arm and shoulder girdle were involved. It was expected those muscles would be weak, but there was no reason for the legs to be paralyzed. Diane couldn't walk for psychological reasons.

The doctor soon won Diane's confidence and got her to talk about her fears. She described the night, soon after she was hospitalized, when she woke up screaming from a terrifying nightmare. The nurse had had trouble getting her charges to sleep and now Diane was waking them. Tired and irritated, she slapped the child. The spastic contractions of Diane's right leg, which made it impossible for her to walk, started then.

But in his talks with the girl, the doctor found the roots lay deeper. Diane's divorced mother had lavished all her love and affection on the child until she was eight. Then she remarried and the child became obsessed with the fear that her stepfather was taking her mother's love away from her. But she hid her hostility. A week before the polio attack, Diane was horrified to see her stepfather beat a puppy. The slapping by the nurse increased her fear that her stepfather might beat her, and she hated him more than ever. Prolonging her symptoms assured Diane of more love from her mother as well as protection from the imaginary threat of her stepfather.

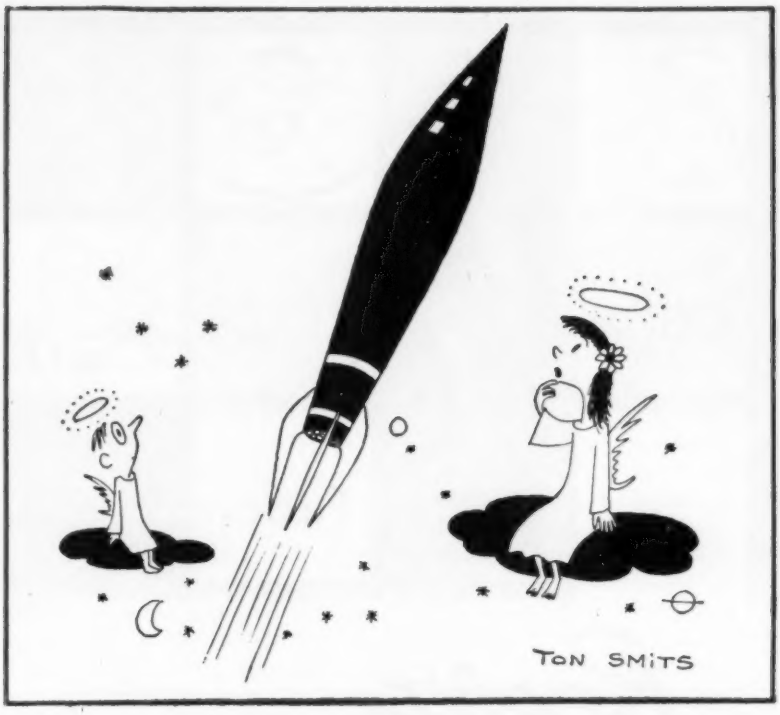
Diane had found that real or pretended disease made her the center of attention. Illness may change the parents' attitude from strictness to affectionate indulgence. Indifference or rejection gives way to overconcern for the child's health and pity for his invalidism. The patient, sensing the change, may try to prolong it indefinitely.

Dr. Harvey Cushing, the great brain surgeon, wasn't fooled very often, but once a young girl who wasn't very bright pulled the wool over his eyes. Dr. Cushing operated on Sarah Berndorff for brain tumor and found nothing. Doctors decided the problem might be psychiatric and talked with the girl.

Sarah was plain and scrawny and nobody paid much attention to her—except when she had localized convulsions with no loss of consciousness, called Jacksonian fits. Whenever Sarah had a seizure, her parents were much concerned.

Questioned about herself and her family, Sarah finally volunteered, "My Granny has fits." She described the same kind of convulsions she herself had been having. When Sarah told how worried her mother became over her grandmother's fits, the doctors could see why she patterned her behavior after her grandmother's.

Because of the time required, only 33 of the 186 patients at Langley Porter Clinic had detailed personality study. Information obtained by research investigators and therapists was rated, and the individual results discussed with Dr. Ruesch. The number one conflict among men was the problem of dependence versus independence, shown by an inability to express normal hostility and aggression. Fourteen of the 33 patients developed psychosomatic symptoms because of dependency conflicts. In women the converse was true; the



patients were so dominant, aggressive and overprotective that satisfactory love relations escaped them. The primary conflict for them was the choice between self-love and love of others. These patients completely reversed the roles normally played by men and women in our culture.

The dependent male patient wants to measure up to the American ideal of independent masculinity. But he has an inner craving for dependency. To monopolize a source of love and affection, he may subordinate himself to his wife, never expressing any antagonism or anger that might estrange her. Or he may strive for unusual achievement and responsibility. Loss of the love on which he depends or failure to achieve his goal causes him to break down. Equally shattering is the loss of his dependency on some crutch outside his family.

Jimmy Rolf, former master sergeant in the regular army, winced as he described the automobile collision that caused his splitting headaches and inability to work hard. Driving late one night, he had seen the other car coming but jammed on his brakes too late. In the blinding crash, he was thrown out of his car.

He regained consciousness the next day in a ward of the Army hospital, where he remained for six months because of his skull fracture. But the headaches and dizziness got worse instead of tapering off. Finally the Army gave him a medical discharge.

The psychiatrist at Langley Porter suspected that Rolf used his skull fracture as an excuse to avoid facing reality. In psychotherapy sessions three times a week for several months, the psychiatrist learned that his mother died when he was three, and an aunt raised him. The aunt, a strict disciplinarian, threatened to send him to reform school whenever he misbehaved. Rejected by his aunt, Rolf grew up with a desperate longing for affection and security. He joined the army as soon as he was old enough and for the first time he had a sense of belonging.

He married, but his wife left him periodically. She wanted a child very badly. But to Rolf she was a mother-substitute and he could not bear the thought of sharing her love with a child.

After his discharge from the service, he had a total disability rating for three months. When the Veterans Administration cut his compensation to 50 percent, his symptoms got worse. He came to Langley Porter because his whole adjustment collapsed when he had to buckle down to earning his living as a civilian. In the hospital he enjoyed the attention of the nurses and doctors.

Many women patients at Langley Porter seemed to have normal love relationships while in reality they merely substituted the life of another person for their own. Separation or any other frustrations were extremely painful to these women. Sexual frigidity played an important part in the delayed recovery of many of the women. They married often and at an early age to obtain affection missed in childhood. Marriage gave them a chance to break away from home, monopolize their husbands' love and prove through marriage that they were grown up. However, most of them were ill-prepared in matters of sex, some being unaware of the existence of such a force. To handle their resulting panic, they sought escape through illness, finding comfort in the increased attentions of their families and in multiple medical consultations and operations.

Vivian Scully had repeated miscarriages though there was insufficient physical cause. She had her sixth because, according to her, she had been ailing all her life. But she was obviously disturbed about losing her husband's affection, so she came to the Langley Porter Clinic for help. Slowly the psychiatrist helped her understand the part played by her own maladjustment.

Vivian's parents had been harsh, self-centered alcoholics. A lonely child, Vivian grew up as egocentric as her parents. At 17 she married, but six months later was divorced. A second attempt at marriage ended the same way.

Married now to an older man she thought she loved, Vivian was repeating the old story. She loved herself too much to love her husband. Her functional illnesses were used as excuses for her abortions; finally, she refused to have intercourse with her husband. He, troubled by her frigidity, turned to more receptive companions. Losing him as a substitute for the loving father she never had, she wanted her doctor to be the next father-image. The psychiatrist

(Continued on page 56)

Jerry Hoist

by ANNIE LAURIE VON TUNGELN

THE small daughter of a friend of mine recently attended a play presented on the legitimate stage. Having seen only television and a few movies, she found it difficult to believe that the actors were living people. As one after the other came on the stage, she kept asking her mother, "Are they real?" Finally, after being assured again and again that they were, she whispered in an awe-stricken voice, "God must have made this play."

In that case, the parents had not purposely kept the little girl from reality—they had simply thought her too young to attend dramatic productions. Sometimes, however, parents feel that they are doing right in shielding youngsters from reality—from disappointment, failure and responsibility. They have the mistaken idea that for a child to grow into a happy adult, his life during childhood must run with perfect smoothness.

Self-confidence comes only from success, and a child's failures are soon forgot.

As a matter of fact, childhood is the time to learn to meet challenges. Although a person's life as a whole may be successful, he is bound to have disappointments along the way and frustrations in some phase of living. If he has faced failure as well as success, disappointment as well as happiness during childhood, he is better prepared to take them in stride later.

Parents can help their children learn to face reality. In the first place, parents can help them become self-reliant. If youngsters want to do something without adult help, they should be allowed to do so whenever feasible. "Let me do it" is the stock phrase of the small fry; they feel important when they are permitted to assume responsibility. If they succeed, they gain self-confidence. And failure in small things rarely makes any great impression or has serious effects. Children are remarkably resilient and, though there may be a few tears, they bob right up again even when things don't come out just as they intended.

During a visit to my brother and his family, my five-year-old nephew wanted to show me how well he could ride. The young man was determined to get on and off the horse by himself. It took several attempts for him to pull himself up so that he could get one foot in the stirrup, but he kept trying manfully until he made it. He sat up straight in his saddle and proudly rode the horse around a small field near the farmhouse.

"Gallop him, Mike," my brother called.

And Mike rode toward us at a brisk gallop.

"Oh," I cried, "do you encourage that little five-year-old to ride so fast? It frightens me even to see him ride at a walk."

My brother gave me a tolerant smile. "In the first

place," he said, "Mike will be six years old in a few months and, as you know, he has been riding since he was a baby. In the second place, the horse is gentle and accustomed to the children. Most important, Mike should develop independence. He doesn't want to be a sissy, and I don't want him to." He made the last statement with great emphasis.

The more I thought about the incident, the more I realized how right my brother was. Almost everything either children or adults do involves some risk. Certainly, it is foolish to court danger ourselves or encourage children to be reckless. On the other hand, a youngster who is deterred from every new adventure or creative attempt by the constant advice, "Be careful!" is terribly cheated. How can we expect him to grow into a self-reliant adult?

A primary teacher was talking recently about what she calls her overmothered pupils—those whose mothers bring them to the classroom door every day and leave them fondly with all sorts of warnings and advice about being careful. These sheltered children present a particular problem, not only because they are so dependent but because they are taunted by the other youngsters. The teacher has to use all her ingenuity—praising discriminately, letting them serve as monitors and maneuvering to have them chosen leaders in games sometimes—to combat such training.

By contrast, she mentioned a school in another city, in common parlance "on the wrong side of town," where she had taught previously. Near the school building there were railroad tracks, on either side of which were tumble-down houses where large families lived. She had been surprised to find that the children adjusted remarkably well to the routine of school. If one of them took a tumble on the playground, he picked himself up, as he had been having to do ever since he was a baby, and got back into the game without tears. If a classmate took a favorite book or toy that he had intended to use next, he accepted another without making a scene. There was amazingly little tattling among these youngsters, for in their babyhood they had had no one to run to for sympathy and they had become used to fending for themselves. Although their rearing—or lack of it—had been ruthless, not to say cruel in some respects, they had, at least, learned self-reliance.

Not only should children take responsibility; if they are ever to learn to face reality, they should share in the family fortunes or misfortunes. When special recognition or happiness comes to one member of a family, every member quite naturally joins in the rejoicing. Likewise, if misfortune strikes, a child should know something about it. If, for instance, there is a financial crisis and less money is available for spending than the children are accustomed to, parents should take them into their confidence and explain the situation frankly. When youngsters are allowed to make suggestions in a family council as to how best to meet a difficulty, they are being prepared to face thoughtfully the reverses that are bound to come from time to time. If sacrifices become necessary, a youngster should bear his share of them. It is not fair to children, for example, to lavish luxurious clothes on them if that means the parents must deny themselves. When a child is old enough to work, he should earn some of his material possessions; they will mean more than if they were handed to him on a silver platter. Moreover, the fact that he can attain something through his own efforts gives him confidence.

If a child is to learn to face reality, his parents should set up reasonable standards to guide him and he should be required to obey those regulations consistently. People have to meet authority in adult life; the time to instill respect for the law is childhood. Firmness is no barrier to a happy parent-child relationship. In fact, the undisciplined child—who has no bounds to restrain him—is most apt to be unhappy because he feels a need for rules of guidance. Children *want* and need to respect their parents.

Facing life realistically also involves learning to make up one's mind. A wee one can be helped to make decisions by confronting him with only a few choices. A mother I know says her youngster used to debate many flavors of ice cream for five minutes before he would decide, invariably, on chocolate. Now, she simply asks, "Do you want a cone of vanilla or chocolate?" or "Will it be strawberry or chocolate?" and he quickly answers, "Chocolate."

If a mother asks, "What dress do you want to wear today?" a little girl, budding feminist that she is, is confused by too many possibilities. On the other hand, when the question is, "Do you want to wear the polka dot or the red check this morning?" the child feels that she is receiving adult consideration, yet she has no problem in making up her mind.

As children grow older, their range of choices should be broadened—as they will be quite naturally—for to be realistic they need to learn to think critically and compare values.

Parents can also help children build up a sustaining philosophy. Youngsters, as well as adults, need to consider just what success is. I heard a minister say not long ago, "A man can be great without doing great things. He can be great in character." Likewise, a person can fail without being a failure. A child should be made to feel that he does not have to be at the head of his class to succeed; the fact that he failed a test does not mean that he is a failure. The important thing is for him to do his best. He should see, too, that apparent failures sometimes provide excellent training for success; men rise "on stepping stones of their dead selves to higher things."

Wise parents hold before a youngster the idea of surpassing his own past efforts; they do not overemphasize competition with a brother or sister or classmate, whose aptitudes and talents may be quite different from his. They help him make an intelligent self-evaluation, accepting his limitations, though not in a dilatory, lazy way.

Trust in God is an important part of a sustaining philosophy. With patience and good example, parents can gradually help a youngster realize that he dares to face life squarely because he is upheld by a Higher Power.

Meeting them is not much of a problem—only calcium and iron needs require special care; an otherwise adequate diet assures the others.

MINERALS are sometimes defined as materials rocks are made of; another common definition says that whatever is neither animal nor vegetable is mineral. When we speak of the minerals of our food or bodies, we do not use either definition, although the minerals of our bodies came originally from rocks. Rocks break up and form soil; plants grow in the soil and use some of its minerals for their tissues; animals eat plants, and we eat both animal and plant products. Thus the minerals of the soil eventually become the minerals of our bodies. But only our bones and teeth have any appearance resembling rock. They contain calcium, phosphorus and other minerals in a form very like one of the common rocks called apatite. But other mineral material is present in all the soft tissues and is dissolved in all the body fluids.

Our bodies require many nutrients. Some we speak of as organic, which means they are carbon-containing compounds associated only with living plants or animals. Others, called inorganic nutrients, occur in nonliving as well as living substances. In addition to carbon, all organic nutrients contain hydrogen and oxygen. Fats, starches and sugars, which contain only these three elements, leave no ash when burned in air or in the body. Proteins contain in addition the inorganic elements, nitrogen and sulfur; they do not burn as completely. The vitamins, which we need only in small amounts, are also largely organic.

Of the inorganic substances, we need water in largest amount. All the functions of our bodies are carried out in the watery fluids of our body tissues.

The inorganic substances commonly called minerals which we need in considerable amounts are calcium, phosphorus, potassium, sodium, chlorine, magnesium and iron—listed in order from largest to least amounts in which they occur in the adult. Some other minerals are called trace elements because we need them only in minute amounts.

When animal or plant foods are burned, their mineral content is left in the ashes. Although minerals provide neither energy nor basic structural substances, they are nevertheless essential.

The minerals in our bones and teeth give strength and hardness to these structures. It is the mineralization of bones that makes it possible for them to support body weight without bending. In addition to large amounts of solid salts of calcium and magnesium, chiefly phosphates and carbonates, bones and teeth contain lesser amounts of other mineral material. Some of these are important; others not. A salt of fluorine is found in bone, and both fluorine and silicon are present in teeth.

Our bones and teeth contain at least 99 percent of the total body calcium, about 80 percent of its phosphorus and 50 percent of its magnesium. Calcium phosphate crystals form a fancy but strong latticework all through the bone cells, and the other mineral materials, along with extra calcium phosphate, are found in the meshes of this lattice or sticking to it. We sometimes assume that when we have become adults our skeletons are finished and unchanging structures. This is not true. The minerals in our bones undergo constant exchange; as blood and other body fluids carry away some minerals, fresh supplies are brought in as replacements. Small amounts of calcium, phosphorus and magnesium are continuously lost in getting rid of various waste products of the body.

We know that our bones are at first all cartilage, or gristle, and water. Before birth, minerals start depositing in the centers of the bone, but the newborn baby's bones are still a long way from being the solid structures of the adult. The bones are never finished until growth is complete, and often are not well mineralized until years afterward.

The late Dr. Philip C. Jeans and I spent many years studying the nutritional needs of babies and children, trying to find how best to assure good growth and strong, sturdy bones and teeth. We learned that all babies and children need vitamin D as well as milk. Milk is a rich source of minerals needed for the building and upkeep of bones and teeth; it is by far the best source of calcium. All too many children get far less milk than they need.

The baby's needs will be met if he gets enough breast milk or in the formula provided by his doctor. The toddler needs at least two glasses of milk a day, and from kindergarten to 12 years, each child needs three or more glasses a day. During the rapid growth of the teens, a quart of milk daily is essential to keep bones well mineralized. Pregnant and nursing mothers need a quart or more to maintain their own bodies as well as to provide for the infant. To promote effective use of calcium and phosphorus, children need year-round sunlight or a moderate amount of vitamin D.

Though most of us realize that our bodies need liberal supplies of calcium, phosphorus and magnesium during growth, we may forget that a constant supply of them is needed for maintenance throughout life. Men, and women who are not pregnant or nursing, will do well to drink two glasses of milk a day or eat its equivalent in cream soups, cheese, ice cream and other milk dishes.

Phosphorus and magnesium are widely distributed in foods of both plant and animal origin; our needs for

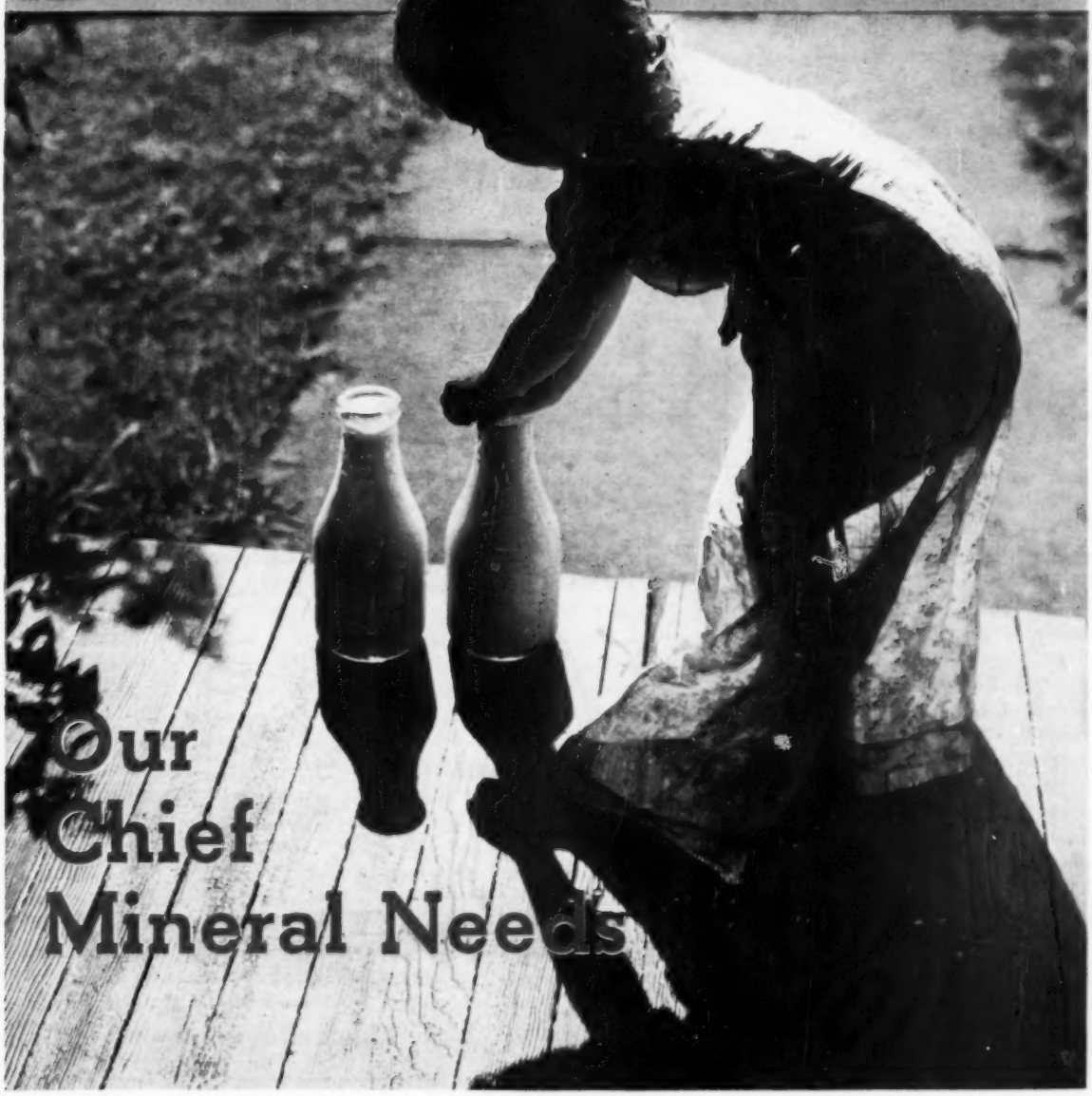
This article is the fourth of 12 designed to give our readers the essence of what modern science knows about nutrition—in effect, a basic college textbook put into readable, *usable* form.

Contributions were "by invitation," and the list of authors reads like a Who's Who of nutrition science. So, too, does the list of consultants, for in preparing the articles for publication, *Today's Health* has the expert and authoritative aid of the American Medical Association's Council on Foods and Nutrition as well as the A.M.A. Bureau of Health Education, and the great assistance as coordinating editor, of Dr. Lela E. Booher, former chief of foods and nutrition in the U. S. Department of Agriculture's Bureau of Home Economics.

Next Month, C. A. Elvehjem, Ph.D., will discuss the nutrition coordinators—the vitamins and trace elements. Dr. Elvehjem is chairman of the Department of Biochemistry and dean of the Graduate School, University of Wisconsin.

by GENEVIEVE STEARNS, Ph.D.
Research Professor, Department of Orthopedic Surgery
State University of Iowa

food and health 4



Our Chief Mineral Needs

them will be automatically taken care of if we select foods that contain adequate calcium, protein and vitamins. But we do need to pay careful attention to food selection to provide for our calcium needs. This is especially important for pregnant and nursing mothers, not only for the benefit of their infants but also to prevent a depletion of the calcium of their own bodies.

IRON is a small but indispensable part of the hemoglobin, which gives color to red blood cells and is essential for carrying oxygen. The body of a normal adult contains only about one seventh of an ounce of iron with well over half of it in the blood. So a serious shortage of iron in the diet or large losses through recurring hemorrhages without extra intake will soon make us noticeably pale. Organ and muscle meats, egg yolks, whole and enriched grain products, dried fruits, legumes (beans, peas, lentils) and cooked greens are the chief food sources of iron. After being absorbed from the digestive tract, iron may be stored for a time in the liver if it is not needed immediately. Animals, too, store iron in their livers; this explains why animal liver is such a rich source of this mineral nutrient.

When our bodies need iron, it is carried by the blood to the bone marrow where red blood cells are manufactured. Here it becomes a part of the hemoglobin, which carries life-giving oxygen from the lungs to all parts of the body and brings back waste carbon dioxide to be exhaled from the lungs. Muscle cells carry a kind of hemoglobin, too; in fact, all living cells of our bodies contain at least some iron. The body requires traces of copper in order to make hemoglobin, although hemoglobin itself contains no copper. The body is miserly with its iron. This is to our advantage since none of our foods provide much iron. As red blood cells wear out, the body carefully picks out the iron and saves it for re-use in making new hemoglobin.

The newborn baby has more hemoglobin in his blood than he needs for breathing. The excess was necessary before birth because more was required to pick up oxygen from his mother's blood than from the air. This extra iron is stored in the baby's liver. Since milk, both mother's and cow's milk, is low in iron, the reserve is essential to take care of the infant's needs until he is five to six months old; then he needs additional iron-rich foods.

We found that egg yolk, whole grain cereals and sieved meats, peas, pinto or red beans and prunes all helped to supply the baby with the needed iron. In addition, special baby cereals usually have iron salts added to them. If a baby is fed only milk the entire first year, he will be anemic, pale and listless because of insufficient hemoglobin to supply his oxygen needs.

After the child begins to eat at the family table, care should be taken to see that he gets two or more iron-containing foods each day. In fact, at least two iron-rich foods should be provided daily throughout his entire growth.

The body hoards iron so well that adult men can get along nicely, barring accidental heavy blood loss, with half the daily iron supply they needed during growth. Teen-age girls and women under 50 need the same amount of iron they needed as children because of monthly blood losses. Pregnant women need this extra iron for the developing infant. Thus adolescent girls and women through the reproductive period have iron needs more than double those of adult men.

It is not in the least strange that women get anemic far more often than men; usually the breadwinner gets the biggest share of the meat, and "Mother doesn't care for any" when the iron-containing foods are in short supply. But mothers need their full share of all the iron-containing foods. Inexpensive meats contain as much or more iron than steak and can be served appetizingly.

MOST of the mineral elements, other than iron, in the soft tissues and fluids of our bodies occur in the body fluids as dissolved salts (electrolytes).

"It was too icy to drive, so I walked. It was also too icy to walk."

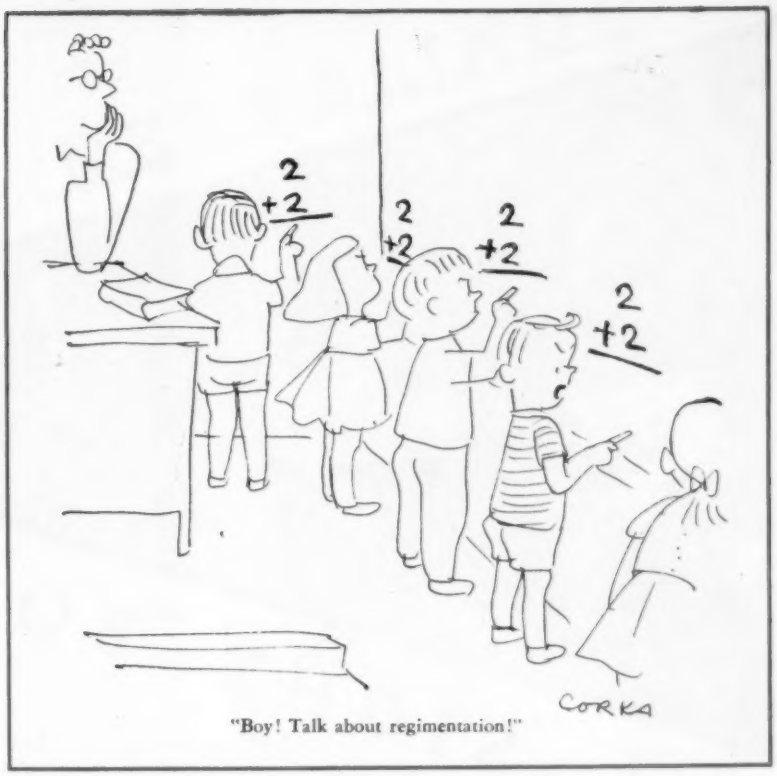
Sodium chloride (common table salt) and sodium bicarbonate (baking soda) are two familiar salts in body fluids.

Each tiny unit of a salt is called a molecule. When a salt is dissolved in water, each molecule divides into two or more parts called ions, each of which carries a small electrical charge. Those ions which are metal carry positive, or plus, charges of electricity and are called cations. The remaining ions carry negative, or minus, charges and are called anions. While some molecules have only one cation and one anion, others have more of one kind than the other, in which case one ion carries more electrical charges. The number of plus and minus charges has to be equal, so that the solution is electrically neutral—otherwise we would get an electric shock from drinking salt water.

The mineral ions of our body fluids are not as obvious a part of our bodies as are teeth and skeletons, but life is not possible without them. And as the ions can exist only in water solution, body water is as necessary as the ions themselves.

Body water accounts for about 80 percent of a newborn infant's total weight and 70 percent of an average adult's. The body water can be separated into two main divisions—water within the body cells and that in the blood, lymph and fluid surrounding the cells. Water inside the body cells contains chiefly potassium, magnesium and phosphate ions; fluid outside the cells contains largely sodium, bicarbonate and chloride ions, with small amounts of calcium, magnesium, potassium and phosphate ions. Anyone who has ever sucked blood from a small cut is familiar with its salty taste, and most of us know that tears and sweat are salty, too. The salty taste comes from the sodium chloride or common table salt in the body fluids outside the body cells.

Sudden exposure to intense heat, accompanied by profuse sweating, can cause large losses of sodium chloride from the body fluids outside the cells and, if long continued, even of potassium and other mineral elements from within the body cells. The body can usually adjust to extremely hot climates by excreting less sodium chloride, but until that adjustment takes place, a higher intake of table salt is needed. In severe water loss, replacement must be under medical care.

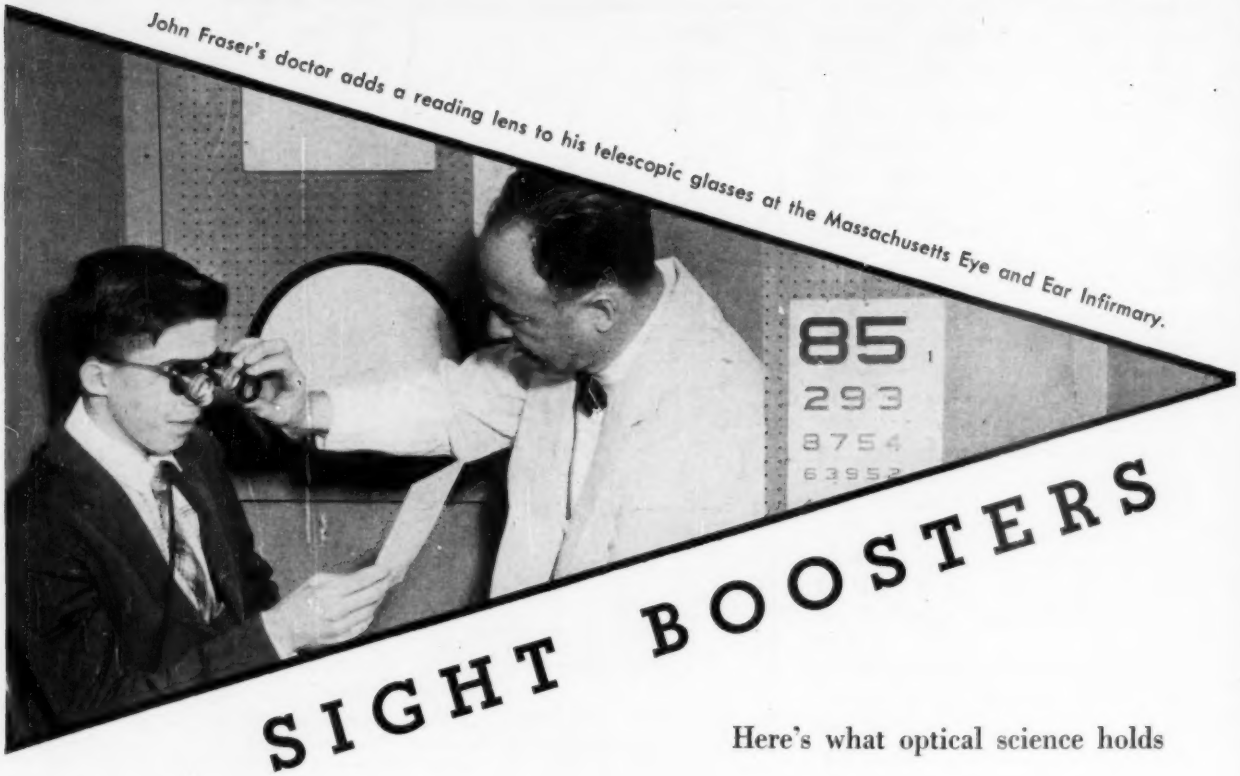


"Boy! Talk about regimentation!"

The mineral ions in the body cells and fluids have uses almost too numerous to mention. They control the passage of water into and out of the body tissues, assist with removal of various waste products from the body and prevent the body from becoming either too acid or too alkaline. Some of the mineral ions trigger chemical processes involved in the release of energy in our bodies. Calcium ions are essential for the clotting of blood. Sodium, potassium and calcium ions all take part in promoting normal action of the heart muscle; the respective amounts are carefully balanced to keep the heart muscle working in steady rhythm. Several of the ions, working together, are indispensable for normal functioning of muscles and nerves. Our bodies have effective means for controlling the distribution of dissolved mineral nutrients in our bodies so as not to disturb the normal proportions of one to another in the various tissues and fluids. When these means are overridden, as in heat prostration and other abnormal conditions, we become gravely ill.

Fortunately, the task of providing adequate supplies of the essential mineral elements—calcium, phosphorus, magnesium, sodium, potassium, chlorine and iron—is neither difficult nor complicated. Most of us eat far more table salt than we need to cover our needs for sodium and chloride. Potassium, magnesium and phosphorus are so widely distributed in both plant and animal foods that any reasonable diet which supplies vitamin and protein needs will normally cover our needs for these minerals. Thus, there is no need to supplement our diets with the widely promoted multi-mineral mixtures on the market today.

We normally need to pay special attention then only to calcium and iron needs. The important food sources of these nutrients have already been mentioned. A later article in this series will present a plan for family food selection designed to provide day-to-day meals of high nutritional excellence.



John Fraser's doctor adds a reading lens to his telescopic glasses at the Massachusetts Eye and Ear Infirmary.

SIGHT BOOSTERS

Here's what optical science holds

SIXTEEN-year-old John Fraser goes to Newton High School. He can see the writing on the blackboard, translate his Latin assignment and take his own notes in a stiff college preparatory course. Outside school hours, he sings in his church choir, manages a basketball team and is active in Scout work. Reading is one of his hobbies.

This catalogue of accomplishments is remarkable because John's vision is so slight that he is legally blind. Yet aided by telescopic glasses originally designed for horse-racing enthusiasts, John leads the normal busy life of a sighted teen-ager.

He is just one of the increasing number of people with subnormal vision who are being helped to see with an array of relatively inexpensive optical devices—special bifocals, sports glasses, bird-watchers' telescopes, hand magnifiers and jewelers' loupes.

About three quarters of a million people in this country, though not totally blind, have vision of 20/200 or less and are considered legally blind, hence entitled to state benefits for the blind. Ophthalmologists call this subnormal vision.

How much can such people see? Usually enough to find their way around their homes or neighborhoods. However, since their vision is 90 percent or more below normal, they cannot read and some cannot even distinguish faces.

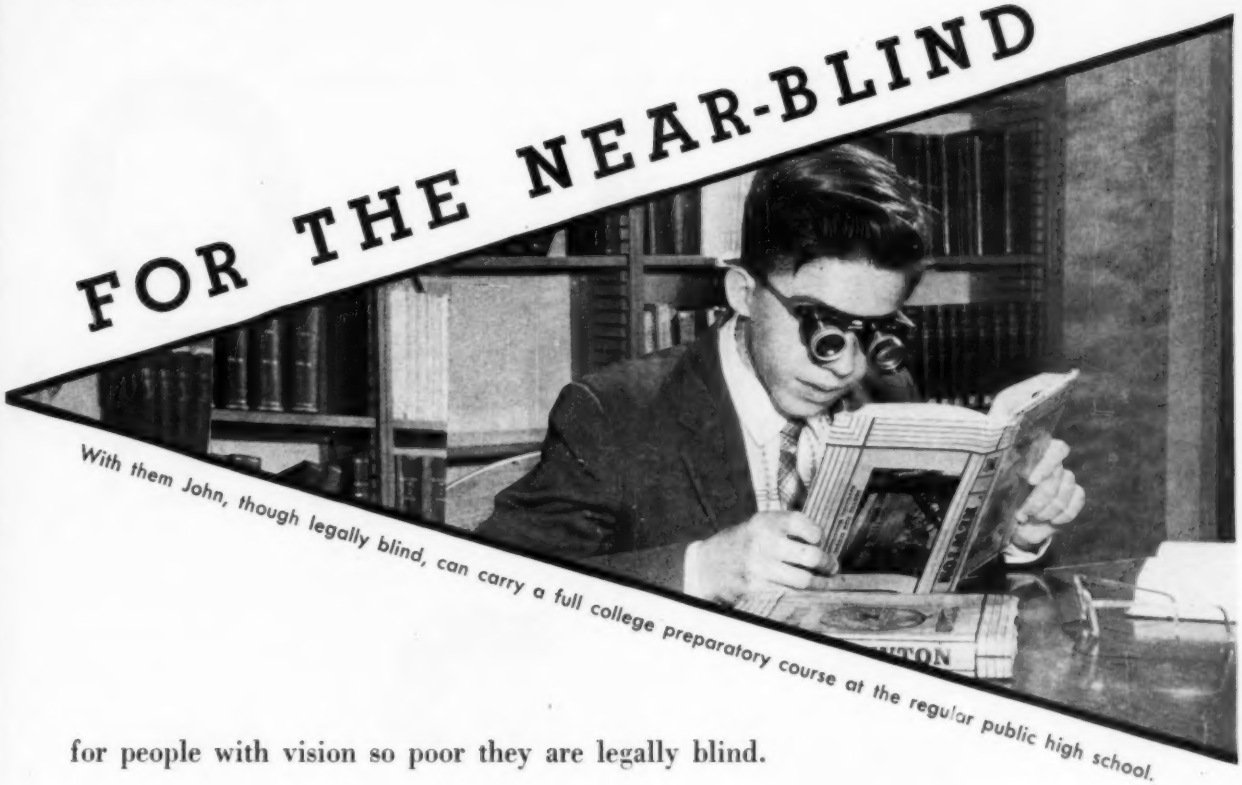
For years those with such low vision have been the "forgotten blind," living on the sidelines of the sighted world. Now ophthalmologists all over the country are devoting increasing attention to their problem as subnormal vision, often a by-product of age, becomes more frequent.

In Boston, for example, the Massachusetts Eye and Ear Infirmary puts particular emphasis on subnormal vision and is exchanging information with medical centers in New York, Philadelphia and San Francisco. Its Refraction Clinic has been equipped with the latest visual testing devices through a gift from the Boston Aid to the Blind. It also has a large collection of magnifying devices and other aids to vision. Each patient tries them out under medical supervision to find the right combination for him.

Unfortunately not everyone with subnormal vision can be helped. Only a careful examination can determine whether the residual vision can be boosted to useful levels. In addition, the physician must evaluate the patient's desire to see. Some are doomed to failure with any optical device because they can't, or won't, learn how to use it properly. Sometimes the near-blind, adults as well as children, are overprotected by their families to a point of real helplessness and loss of their motivation to see better.

John Fraser is one of the prize patients of the Massachusetts Eye and Ear Infirmary. He first went there as a young child when it was discovered that he had retrolental fibroplasia, an eye disorder formerly common among premature babies. It has rivaled congenital

FOR THE NEAR-BLIND



With them John, though legally blind, can carry a full college preparatory course at the regular public high school.

for people with vision so poor they are legally blind.

by HÉLÈNE K. SARGEANT

cataracts and congenital glaucoma as a leading cause of blindness and subnormal vision in youngsters.

John was able to attend primary grades with strong reading glasses. When he was nine, however, he found it hard to read the smaller type in his textbooks. At the Infirmary he obtained his first sight booster, Kollmorgen glasses. These glasses have one lens which resembles a small telescope. They may be used for distance viewing and, with the addition of a special lens, for reading. They are monocular, one lens remaining frosted. With practice, John was soon able to read type as small as that in the telephone book with his Kollmorgen glasses. The Infirmary supplied him with a hand magnifying glass to help with smaller type and a penscope to supplement his glasses in distant reading. Penscopes, the pocket telescopes familiar to bird-watchers, are often an aid to older people whose eyesight is changing because of arteriosclerosis, high blood pressure or diabetes. They help in reading street signs and house numbers.

John did not need another change in glasses until last year when algebra revealed difficulty in distinguishing tiny coefficients. At the Infirmary, Sportscopes were prescribed. These telescopic glasses, and many other devices, are available at low cost through the American Foundation for the Blind. They resemble miniature binoculars, set in lightweight plastic frames and worn like ordinary glasses. For distant viewing, such as a blackboard or television, they may be used with both eyes. The lens for each eye is adjustable, as with binoculars. A special reading glass clamped to one lens makes the Sportscopes double as a magnifying reading glass for one eye.

With his Sportscopes John can handle all his school work with no difficulty and college is one of his goals. He still wears ordinary strong reading glasses to go back and forth to school and for most extracurricular activities. It is impossible to walk wearing any of the telescopic glasses because of the confusing optical illusion known as parallax. The magnifying power of the lens makes objects appear to come at the wearer with disconcerting rapidity as he moves forward.

In line with his parents' desire that he be treated as any sighted child, John has always attended regular classes at public school. He was encouraged in this by his doctor, a firm advocate of maximum utilization of the eyes. Eye muscles, like others, need use to function at peak capacity. The old theory of "saving the eyes" has been abandoned. Doctors at the Infirmary do not advocate special sight-saving classes for a child with poor vision if the youngster is able to use regular textbooks with the assistance of some magnifying aid.

Others besides John have had remarkable success with the Sportscopes. Jules Cote, a sophomore at Dartmouth College who has been using them now for a year, reports them to be "fabulous." Formerly a student at Perkins School for the Blind in Watertown, Mass., Jules's eyesight was adequate for him to transfer to the high school in Manchester, N.H., for his *(Continued on page 65)*

Constance Bannister

Stevie

He's a full-fledged member of the family, name and all, even though he's not yet born.

by MARION STRESAU

STEVIE may not be born yet, but he is already a full-fledged member of our family. The family being mainly the foursome, ages eight, ten, 12 and 14. Of course there are my husband and I, but Stevie belongs to the foursome. It's their baby—I play only the minor role of having him.

As for the baby being a ready-made boy named Stevie, they know there's no guarantee. Mothers are as likely to have girl babies as boy babies. It was Dickie, the ten-year-old only boy in the family, who decided it certainly should be a boy. Why, even the cat and dog are girls! This seemed fair enough to all. So it was agreed that the baby is a boy, and he was named Stevie by Dickie (for his best friend who moved to Cuba last year, we suspect, fervently thankful that the little boy's name wasn't Horatio or Algernon).

The girls have not yet decided on a name, in case some mistake is made and Stevie turns out to be a girl. But they're working on it and promise to have one ready before the remaining three months are up.

I find myself awaiting Stevie's arrival as impatiently and eagerly as the foursome. Never did I believe it possible to love a baby before it's born, at least not beyond a pleasant anticipation. But I have only to feel this little fellow's kicks and squirms to know I love him as tenderly as if he were already in my arms. This time it's different. This time it's Stevie!

Yet this is the baby whose pending arrival at first caused sleepless nights of despair and hours of desperate tears. I didn't want a baby at this time of life. I had my family. Our foursome was ideal; happy, noisy, sometimes quarrelsome, but always a close family group. It had been rough going at times when they were small, but they were half-grown now. It was a fine family and I wouldn't have had it any other way. Certainly I never wanted a little latecomer. What kind of life would it be for a child coming so far behind the others? What kind of life for us, my husband and me? We were approaching middle age, just now beginning to find time for each other occasionally in mutual interests outside of family.

To make matters worse, I had a difficult time at first, culminating after two months in an emergency trip to the hospital. I called the doctor when the trouble started and was advised to get to the hospital immediately; a miscarriage seemed imminent. I was at home alone with the children at the time, but fortunately had already informed Jan, the oldest, of the coming baby. White-faced she summoned a neighbor who kindly and efficiently took over all the details. Even so I shall never forget the stricken faces of the three younger ones watching Mommy carried from the house on a stretcher. "Tell them it's appendicitis . . . tell them anything," I begged my neighbor in a confusion of misery and embarrassment.

It wasn't till I was home again and on my feet, working somewhat shakily in the kitchen, that I finally told them. It was mid-August and the three youngest were lounging around the kitchen planning the family camping trip we took every year. I hated to do it but I couldn't let them get their hopes up. "I'm afraid we'll have to call it off this year," I said unhappily. "Mommy's not very well, you know."

Disappointment flooded their faces.

"Aw, I don't believe you're really sick. You're just pretending," Dickie pouted.

It couldn't be put off any longer. I knew I had to tell them. I bent my head over the potato I was peeling at the sink. "Well, no, I'm not really sick," I stammered. "Not now anyway. But you see, we're going to have a baby next March . . ."

A potato peel slid from my knife into the sink with a deafening thud in the silence that followed. I turned to glance at the children, dreading to meet their gaze. What I saw was a picture I shall never forget. Even Christmas had never produced such glowing faces!

Dickie drew in his breath. "So *that's* it!" he said through an ear-to-ear grin.

"Oh, Mommy! Really?" Jackie, oldest of the trio, rushed over to hug me, stars in her brown eyes.

"But why do we have to wait so long?" Patsy, the ever-practical, demanded.

Jan came in from the other room. She hadn't said much when I told her before and I was worried about a 14-year-old's reaction. "Gee, it'll be nice to have a baby in the house!" she said with a tingle in her voice. "I've already told Connie, Mother . . . hope you don't mind," she added shyly.

It was at that point that the foursome took over. Their enthusiasm was so great that I got out a prenatal-care book a friend had loaned me in which a baby's growth from one month to full term was shown in pictures. They were fascinated. At intervals after that they would get the book out to see how big Stevie was and what he looked like. His first little kicks were felt by their eager hands placed on my stomach. Now that he is big enough to squirm and kick vigorously they grin in wonder that such a marvelous thing can be happening. And I grin with them in renewed wonder at this miracle humanity has never ceased to marvel at.

I find myself called upon to answer all kinds of questions. Yes, even how he got there and how he will get out. Not that they hadn't all been informed about babies before. But this is different. This is their baby and they are deeply concerned. The questions are asked in serious interest, and in this manner I find them surprisingly easy to answer.

Since Stevie is their baby, each of

(Continued on page 58)

WHAT BRAIN WAVES TELL YOUR DOCTOR

by SHIRLEY MOTTER LINDE

As you read this, tiny electrical impulses are discharging from your brain cells. The cells are pulsing with electricity, sending out signals somewhat like a Morse code or radio wave. Impulses are racing back and forth from cell to cell, from nerve to spinal cord, to brain centers and back again.

The brain is the most important organ in the body—and the most difficult to understand. But to the data so painstakingly gathered by anatomists and other scientists in the past, a wealth of information obtained by recording the electrical activity of the brain is being added. Brain waves are helping scientists to discover what makes the brain work and how it changes from childhood to maturity. They are being used to diagnose brain damage and follow the progress of treatment for mental illness. They may be hinting at the mysteries of personality and crime.

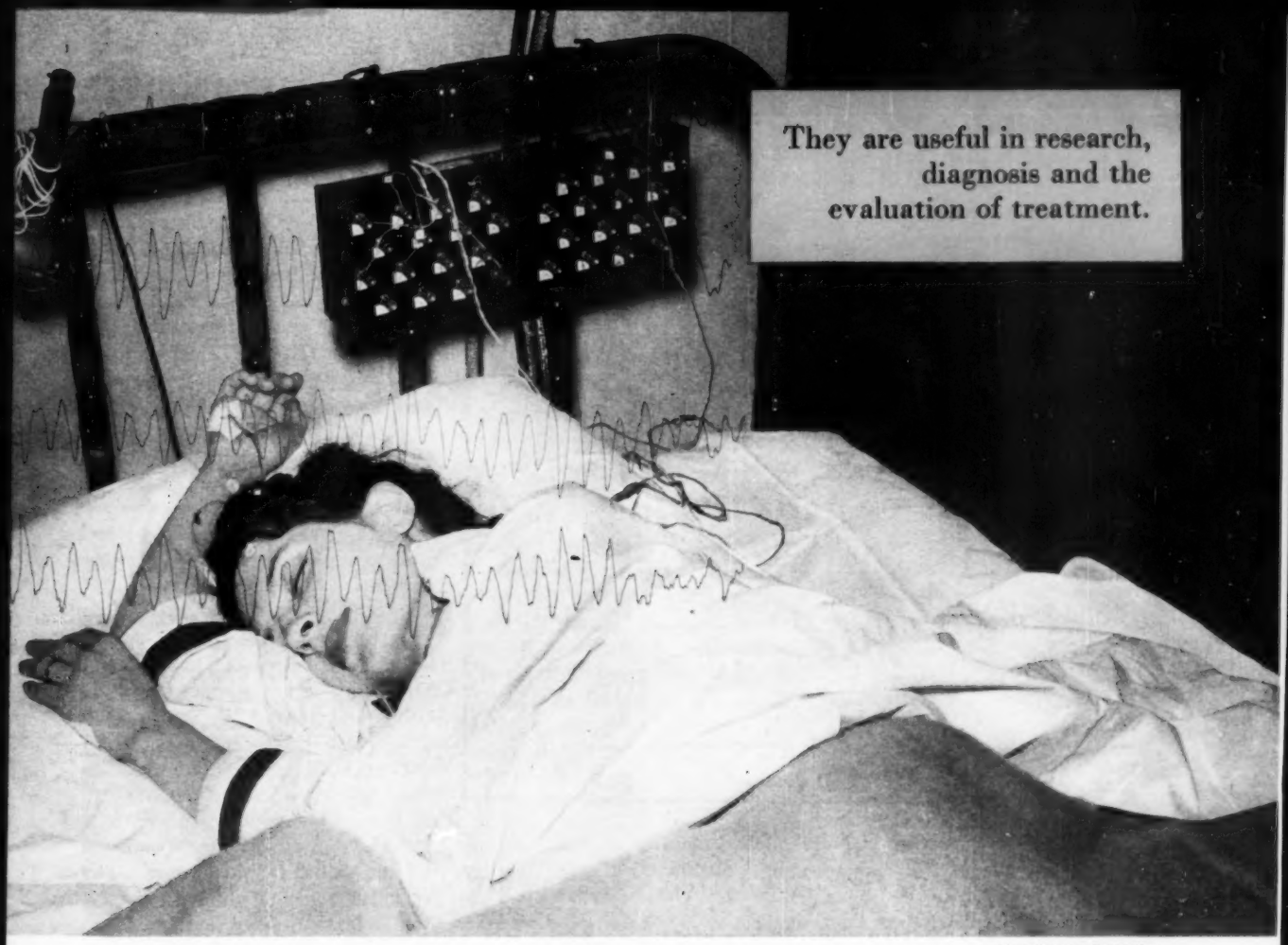
University of Illinois

Metal strips pasted to the subject's head pick up electrical discharges from his brain cells. Eight pens record brain wave patterns on roll of paper.

Here is how doctors record your brain waves. You sit in a chair. A nurse pastes a tiny metal strip to your head just over your right temple, then in more than a dozen other places on the top and back of your head. These metal strips, called electrodes, pick up the electrical discharges coming from your brain cells. Each electrode is connected to a wire that runs to a machine called an electroencephalograph or EEG. This machine is about the size of a desk, but with enough dials and controls to qualify it for a scene in science fiction. It's similar to an electrocardiograph to record heartbeat but ten times as complicated and 100 times as sensitive.

The doctor flips a switch, and eight pens start scratching back and forth on a roll of paper, making a long, scribbly line of irregular waves and peaks and wiggles. The doctor takes recordings with your eyes open, then closed, awake and asleep, and with lights flickering into your eyes. It is over in an hour or so. Then the doctors scrutinize the record in detail, pulling it through their fingers as if they were reading ticker tape from the stock exchange. It takes much analysis to find out just what the wavy patterns mean in your particular case.

What is your brain like to produce these mysterious waves? It's a complicated organ the size of a honeydew melon with a twisted surface of ridges and fissures. It controls every activity of your body, your breathing,



They are useful in research, diagnosis and the evaluation of treatment.

Sleep Research Foundation

Brain wave recordings of sleeping subjects are used in medical tests at the Sleep Research Foundation.

heartbeat, memory, thinking. A computing machine as complex would require a five-story building many blocks square and would take all the water of Niagara Falls to cool it. It has over 15 billion nerve cells with long fibers that link together in a jungle of switchboard connections. Messages—of pain, smell, hot or cold, run or jump—flash over them at 200 miles per hour. Electrical discharges beat in rhythm like far-off native drums, charging and discharging, pulsing, constantly repeating, even when you are asleep. These are your brain waves.

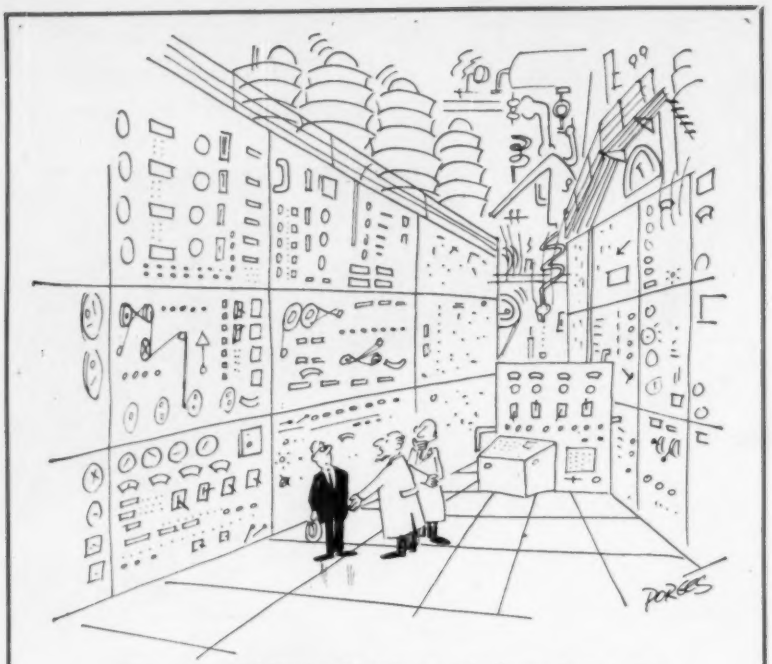
They were first discovered in 1929 by Hans Berger, an eccentric German psychiatrist who did his work in secret. To produce changes in the waves, he made his subjects sleepy with beer and emotional by exploding firecrackers. Dr. Berger and his brain waves were considered slighty ridiculous by his colleagues until other doctors experimented and found the waves to be real.

Now more than 1500 EEG laboratories in this country alone are being used for diagnosis and research, and millions of yards of paper have been covered with brain wave patterns. The EEG machines are complex, easily damaged and often tricky. They have been known to pick up short-wave broadcasts of taxicabs, police cars, ship-to-shore calls, radar signals and the Democratic National Convention. New EEG machines use transistors instead of tubes, making them smaller, simpler to operate and portable. One research team has already taken a machine into India to study the brain waves of Yogis.

Other improvements have come along, too, such as machines that can record from dozens of areas of the brain at one time and wire electrodes that can be inserted into the brain to record from deep layers. And there are electronic analysers to break the wave patterns into separate parts to help doctors interpret them, and an instrument called a toposcope that shows the brain's electrical activity by a series of flashing lights on televisionlike screens corresponding to areas in the brain.

What have scientists learned about the brain's electrical waves? There is some electrical activity in our brains even before birth, and it can be picked up by an EEG over the mother's abdomen at the eighth month of pregnancy. At birth the waves are irregular, uncoordinated, haphazard jerks—a meaningless baby talk. When a baby is about a month old, the waves start acquiring a rhythm of about three electrical impulses per second. Scientists call them slow waves or delta waves. As the child grows older, the pace of the brain waves quickens until at about the age of 12 or 14, they level off at the adult rhythm of ten pulses per second. These are called alpha waves.

Alpha waves are present when you are relaxed, with mind wandering and eyes closed. But as soon as you



"You can't quit! You're the only one who knows how to shut this thing off."

concentrate, get upset or are startled, they fade away. The waves change under other conditions, too. For example, if you are asleep or under anesthesia or not getting enough oxygen, your brain puts out the slow waves. And if a tumor is crowding brain cells so they can't get a proper blood supply, they give off the slow waves. This is how doctors can use the EEG to diagnose and find brain tumors.

THE EEG can be used to see if there has been any brain damage even with a patient in a coma or a young or uncooperative child. It can be used during surgery when part of the skull is removed and the brain exposed. The brain has no feeling, so the patient can be completely conscious during brain surgery. The surgeon can stimulate different areas of the exposed brain. When the patient says he sees stars or smells perfume or hears music or when a body muscle contracts, the surgeon can tell what areas of the brain receive messages from where and what areas control the movement of various muscles.

Brain wave patterns can show up damage to brain cells caused by infections, injuries, cancers, hemorrhages, blood clots or cerebral palsy. It can tell where and how bad the damage is. Several EEG's made at weekly or monthly intervals can tell whether damage is getting better or worse, how quicky it is changing and what the chances are of its being cured by treatment. The patterns are also of value in making a diagnosis and predicting the outcome in cases of epilepsy, meningitis and encephalitis and in detecting whether behavior disorders, migraine headaches or low intelligence might be caused by physical injury or disease of the brain.

Studies with the EEG have taught us much about different diseases. Dr. Frederick A. Gibbs, professor of neurology at the University of Illinois, made the first clinical application of the EEG when he discovered brain waves could be used to diagnose epilepsy. Since then, EEG's have shown that epilepsy is much more common than was ever supposed and that there are many different types. An EEG can be used to distinguish these types, so the doctor can know the best treatment to use. "Epilepsy," says Dr. Gibbs, "is definitely a physical disease, and an epileptic seizure is only the outward sign of an explosive release of energy within the brain." Many times a person can have epilepsy without having seizures or fits, but the EEG can detect it even without outward clinical signs. Then treatment can begin early.

The EEG has taught doctors new things about other diseases. For example, Dr. Edward Hartmann of Paris found abnormal brain waves in patients with glaucoma, the eye disease that occurs in one out of every 50 people over 40 years old and often causes blindness. Finding of the abnormal brain waves suggests that the cause of glaucoma is related in some way to disturbances of the nervous system.

ANOTHER study has stepped up the search for a vaccine against measles. Drs. Herbert J. Grossman, Erna L. Gibbs and Harold W. Spies at the University of Illinois found that in patients with measles more than one third had "considerable abnormality" of their EEG patterns. About four percent showed permanent damage to the central nervous system. The scientists believe that measles affects the central nervous system much more often than was ever before suspected.

Some scientists believe brain wave patterns can be correlated with personality. Dr. W. Grey Walter, a British neurophysiologist, has been using brain waves to indicate whether two people are compatible and are likely to get along together well in business or marriage. His apparatus breaks the brain waves into their component parts. When the parts of the waves are alike, a harmony of personalities is implied. When the patterns are different, the people may have major differences in personality, such as one being adaptable to new situations and the other stubborn and set in his ways. This research is still too new to tell if it is accurate enough to ever have application in human relations.

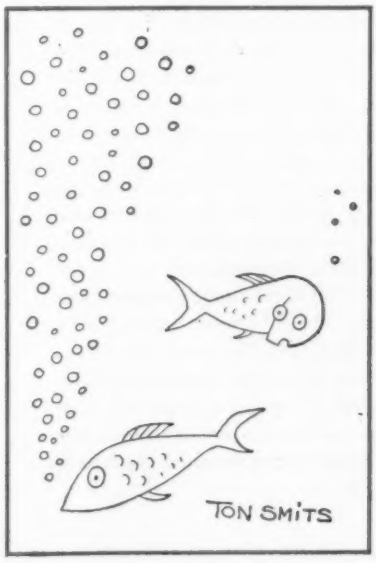
Dr. Walter also believes that brain waves differ in people who think in different ways. In most people, alpha waves are present with the eyes closed and mind relaxed and are absent with the eyes open and mind at work. People with these responsive

alpha rhythms, he says, sometimes think visually and sometimes abstractly. People with persistent alpha rhythms, even with their eyes open and minds active, think in abstract terms and tend to perceive sounds, movement and texture more than visual images. People lacking alpha waves, even with their eyes closed and minds at rest, think in visual images. Awareness that our minds may be attacking the same problem in different ways can make us more patient with each other when our thoughts don't seem to jibe.

Some scientists have found that abnormal brain waves seem to be correlated with psychiatric disorders. Their experiments indicate that groups of people with psychiatric troubles have a higher percentage of abnormal waves than groups of normal people. However, not all experiments have been decisive.

Brain wave recordings can be used to follow the course of treatment and recovery in some types of mental disease. Changes in brain waves have also been correlated with the onset of psychotic attacks.

There is some indication that crime and brain damage are related. Doctors in London recorded brain waves of over 100 murderers and found over half had abnormal records. The percentage was even higher in killers without obvious motive, while in groups of normal people, less than 20 percent show abnormal EEG's. Similarly, in Pittsburgh Dr. Chaskiel Grossman found that abnormal bursts of brain waves could be related in people who suddenly committed violent, passionate acts of cruelty and murder.



While there is no unique EEG pattern in these people that could help us pick out murderers ahead of time, the findings of abnormal brain wave patterns are changing some ideas on crime and punishment. A few people are beginning to realize that society will benefit by treating mentally sick people instead of punishing criminals.

Recordings of brain waves have already proved useful in medicine, psychiatry and research to learn more about our brains. They have been applied in other fields, such as the lie detector tests, which record brain waves, heart beat and sweating of the skin. In some cities, after a particularly rugged slugging, boxers' physical examinations include an EEG to make sure no brain damage has been done before they are allowed in the ring again. Brain injuries sustained by boxers are now being studied with the electroencephalograph.

WHAT about the future? Electroencephalography is just beginning as a science. EEG's might someday be used to examine candidates for all rough sports. Continuous brain wave tracings could conceivably be used during surgery to show the exact stage of the patient's consciousness under anesthesia.

Doctors are just beginning to decipher the coded messages of our brain waves. The waves have answered some questions and hinted at answers to others, but many baffling riddles still remain. Some day brain waves may help us understand what makes our minds different from a monkey's, what makes us always discontent, always imagining new goals to conquer. They may help us solve the puzzles of what consciousness really is, where it goes when we sleep, what makes us think, how our memories are stored. They may help us to learn more about extrasensory perception, mental telepathy, hypnosis and mental illness.

With more time and research, brain waves may help solve the mysteries of the mind.

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SAFETY and FIRST AID

by CARL J. POTTHOFF, M. D.

SHOCK IN WINTER

First aid textbooks state that the proper immediate care for accident victims under hazard from shock includes keeping the victim recumbent, conserving body heat, controlling contributing factors such as hemorrhage and, under some circumstances, administering fluid. This advice relates to shock caused by severe bodily injury, such as fractures of large bones and severe lacerations, hemorrhage, burns and internal injury; it does not relate to minor loss of blood or minor injuries, for these do not cause true "surgical shock."

In winter, fires, falls, traffic accidents and outdoor recreation cause injuries that may result in shock. At once the question arises of how much covering to place about the victim. There is a tendency to use excess covering if the weather is cold, to attempt making the victim feel "toasty warm." The proper care keeps the victim on the edge of feeling chilly; it conserves against marked loss of body heat but does not warm the skin surface so that the skin blood vessels dilate. Accordingly, the skin should remain pale rather than flushed, except that some head injury victims have flushed skin even though no covering is applied. The application of hot water bottles usually is inadvisable. The first aider, however, should consider placing one or more blankets under the victim, because much body heat can be lost if the victim is on a cold surface. Use of excess covering is especially harmful if a long period elapses before a doctor comes, as may occur after rural highway accidents.

When dealing with severely injured victims, the error of having the victim sit or stand rather than lie down probably is greater than that of overcovering him. Accidents associated with high speed automobile travel may cause fractures of the thigh or vertebrae, rupture of the spleen, damage to the liver and the like. There should be no compromise from using the recumbent position even though the victim tolerates the sitting position temporarily. Additionally, unless great care is taken in removing the victim from a hazardous roadway or from an automobile, injuries may be made worse and the shock danger increased. Improper short distance transfers of this sort perhaps cause more harm than improper transfer by automobile later. For good shock first aid, manipulate the patient as little as possible, confine questions to him to the minimum, solve his problems of the moment for him if possible and avoid measures that cause pain.

In most cases, medical help will soon be available; therefore fluids need not be given. The important problem of fluid administration is complex and will be discussed in the next issue. Ordinarily the first aider's measures against shock are to protect the victim from additional injury, keep him recumbent and provide whatever covering is appropriate. Considering that permanent disability or loss of life are definite hazards in these cases, the first aider should get medical help to the scene if possible, or perhaps telephone for medical advice.

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The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

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Planning for Retirement

(Continued from page 17)

for it everywhere but within themselves.

You will be one of the fortunate few if your income in retirement equals your present income. Chances are it will be one third to one half of what you are earning now. So you have to decide where you can cut down on your expenses later. A good way to start is by analyzing your present budget, listing all the sources of income. Then estimate your regular monthly income after retirement. Consider which expenses will go down or be eliminated after you stop working, such as lunches, work clothing, paid-up insurance and transportation to and from work. Decide what services you now pay for you'll be able to take care of yourself, like home repairs, improvements and household services. Can you eliminate from your budget vacation money and contributions you made at your factory or office? Are there expenses that will increase in retirement, such as travel, medical services and hobby materials?

Compare your expenses now and in retirement, item by item and cut back wherever you reasonably can to tailor retirement living to your retirement budget. If you can't cut back enough, shouldn't you be giving serious thought to part-time employment after retirement or other possibilities for supplementary income?

If you have a surplus, what's the best use to make of it? Maybe you can invest it to yield additional income. Possibly you should keep it on hand in a bank account for emergencies. If you have to make economies later why not start some of them now? Gradual retrenchment will not only be easier on you later, but will give you a chance to put aside some extra money for retirement.

The Time Budget

Just as you prepare a money budget to meet your retirement needs, you should begin to prepare a time budget. In retirement you will have at least 40 extra hours for yourself. Unlike the ideal money budget, a time budget should show no surplus; you don't want time on your hands.

Make a list of your present non-occupational activities and how much

"What's *your* hobby, Mr. Jordan?"

time you devote to each of them. In another column write down your plans for retirement, remembering that you have 40 hours to apportion among your present activities or devote to new interests and hobbies. How does your retirement picture look? If you have unplanned hours in the second column, it's a good sign that you had better start now to expand your present interests, plan new

ones, meet new people, learn new skills and take on some new community responsibilities. Stress something purposeful and satisfying. Consider the wishes and interests of others in your immediate family circle. Emphasize activities that will give you status and bring you in contact with other people.

If you are able to do so, begin to put your retirement program in effect before retirement. You might be able to do this by leaving your job a little earlier each day, taking longer weekends and longer vacations. Such a trial period of "tapering off" will make the retirement break less abrupt and let you judge for yourself how well you are prepared for more leisure.

The Health Inventory

No matter how bright your retirement outlook may be in all other respects it cannot succeed unless you give proper attention to your health. Dr. Anthony J. Lanza, of the New York University-Bellevue Medical Center, has found in his long experience in industrial medicine that all workers need conditioning for retirement. Some know that they have a physical disability and are unduly depressed because of it. They need to be encouraged, stimulated, guided and told how to stay within their physical limitations. Others, in spite of high blood pressure or mild coronary symptoms insist, "I'm just as good as I ever was." Such people if they are not going to run into disaster, need to be tempered down. They need to be educated not to live beyond their capacities. Still others do not know what the condition of their health is or are willing to put up with minor ailments. They put off seeing the doctor because they are afraid or feel he can do little for them anyway.

Medical science does not offer miracles, but in determining the status of your health and safeguarding it, no one can help you more than your doctor. Dr. Stieglitz says, "Most chronic, progressive disorders cannot be cured in the commonly accepted sense, but they can be controlled and their progression retarded. If we would cease hoping for miracles and get busy with the feasible, appropriate and effective measures for control and retardation, there would be much more accomplished. Much benefit can be derived from the application of existing knowledge."

If you haven't had a complete medical checkup in the last year, if your vision and hearing are not what they should be, if you haven't been to a dentist lately, if your appetite is poor and you don't sleep well, if you always feel fatigued, if you are much overweight or underweight, if you have frequent headaches, if something has been bothering you and you don't know the cause, you may avoid serious illness and much unhappiness in retirement if you arrange now for a medical checkup.

Some good general rules for optimum health in retirement are these: eat properly; be moderate; get enough sleep; see your doctor regularly; get enough sensible exercise; look on the bright side; keep busy.

Specialists in aging do not pretend to have reduced their studies to an exact science, but on this they agree: success or failure in retirement depends on how well you plan ahead and how well you work to make the most of your plans once you quit your job. The well-filled retirement is the good retirement; the hit-or-miss retirement may only lead to your physical and mental disintegration.

Make your retirement plans early. It takes from three to five years to perfect a good retirement program. It also takes just as much energy to hope as to plan.

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Sound Facts about Snoring

(Continued from page 19)

Today specialists correct the deformity in but a small number of instances, but if this is the cause of snoring, it can be cured.

A blocked nose resulting from infection or allergy is still another cause of snoring. Congestion and swelling of the mucous membrane lining the nose occurs in the common cold, sinus disease and hay fever and nasal allergy. Treatment to reduce the congestion and infection includes the use of nose drops shortly before retiring, anti-infective drugs, antihistamines and steroid hormones. These drugs not only may bring relief to the irritated nasal passages of the snorer, but frequently restore an air of peace and tranquility to a tormented household unwillingly tuned in on a snorer's symphony.

Long-continued attacks of nasal allergy and chronic sinus infection sometimes give rise to the formation of polyps. Nasal polyps are benign, movable, jellylike masses coming generally from the sinuses. Occasionally, they become so large that they extend down the back of the nose into the upper part of the throat. Nasal obstruction is the chief symptom produced by large polyps; snoring is another. Snoring due to polyps can be readily corrected. Their removal is common, effective and desirable—for all concerned.

At first glance, the major underlying reason for snoring seems simple. Any organic condition that produces extensive obstruction in the nose leads to breathing through the mouth —hence to snoring. Paradoxically enough, not all mouth breathers snore. However, too much smoking, overwork, fatigue, obesity and general poor health may affect the tone of the tissues of the throat and culminate in snoring. Here preventive measures or appropriate therapy may provide the answer to a snorer's prayer. Snore for snore, the largest group of offenders are the elderly, presumably because they lack tissue tone.

Today's doctor can do more than jest about the snoring nuisance. First of all, irrational measures have been tossed into the therapeutic wastebasket, so that a method like total amputation of an enlarged uvula (the fleshy tissue that hangs down the back of the throat above the tongue), which was once a favored treatment for snoring, is now discredited. Injection of a sclerosing solution into the soft palate, a technique proposed not too many years ago, has also been found wanting.

Many snorers do so only when lying on their backs. To curtail snoring, such a sleeper should be made to change the position of his head in order to prevent the tongue from falling back. One way of doing this is to make it uncomfortable to lie on

"When he told me again about finding $10,000, I just laughed and said . . . 'Okay, son, why don't you run out and buy yourself something you like?' "

the back. Dating from the American Revolution, one method to prevent a snorer from sleeping on his back has been the sewing of a hair brush or other hard object to the back of the snorer's nightshirt. Once in a while metal collars are prescribed to extend the neck and thereby interrupt snoring. But sleeping in a collar

is hardly a pleasure. The snorer can accomplish the same thing by sleeping with a small pillow under the nape of his neck.

All in all, the Patent Office reveals more than 300 snore-curtailing devices. The fact that there are so many speaks eloquently for the immensity of the snoring problem. Among them are chin straps designed to keep the mouth closed and various types of orthodontic splints. The purpose of some of them is to alter the shape of the mouth to prevent the tongue from falling into a "snoring position." Snoring, of course, can frequently be prevented or at least repressed by a strip of adhesive plaster across the corner of the mouth, or else by applying a mouth-closing bandage. Attempts have also been made to alter the position of the tongue, soft palate and jaws by means of exercise—breathing, phonetic and swallowing. Advocates claim that this type of training will help the snorer regain proper neuromuscular control.

It is possible, finally, to draw two sound conclusions about snoring. The first is that snoring is repressible, even curable, when a definite cause-and-effect relationship is discovered. Something can be done about it. The other conclusion is that the agonized listener, helplessly adrift on a sea of snores, can always wear ear plugs when everything else fails.

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A New You for the New Year

(Continued from page 22)

pony tails of natural-looking Dynel—or real hair if you wish to invest. Even the shortest hair ends can be tucked beneath them. You can create the illusion of long, thick hair in a hurry.

Have you the kind of hair that is fine and soft—so delightful to touch, but so hard to handle? Try one of the new hair sprays. There are any number of brands to select from. They vary in consistency and are lightly or heavily perfumed. They will not, as sometimes advertised, work miracles with your hair. They will not put curls and waves into the hair. They help the hair hold the waves when it is being set. They perform much like the wave sets of years ago, except they are greatly improved. Between settings, they help keep the hair in place, so that it looks well groomed. Read directions because these products are ordinarily flammable and should not be used near fire or flame or while smoking. Avoid spraying near the eyes.

After appraising your hair, let your eyes travel to your face. We now have the best formulated, most effective and safest cosmetics the world has ever known. Have you during the last year made the most of them? We know from the letters we receive that many women view practically all cosmetics with a jaundiced eye because they are so fed up with exaggerated and untruthful claims. It is true that many creams and lotions are advertised with promises that they will significantly postpone, correct or retard the signs of aging skin. They cannot fulfill these promises. We know of no reason to believe that any cream can do more than a simple emollient or skin softener like vaseline.

The cosmetics we refer to are those intended to create a more attractive illusion. We have an astonishing number of shades and textures in a variety of products to select from. Have you, during the last year, explored what a change in shade of makeup base, powder and lipstick can do for you? New and more flat-

tering colors keep appearing along with improved products. These help us meet the need for changes demanded by the seasons, costume colors and the years.

Do you, like many women we know, regard lipstick as a necessity, but eye makeup as a once in a lifetime extravagance? You may be in for a pleasant surprise once you have mastered the technique of applying mascara. Just as it takes a while to become accustomed to lipstick on the lips, mascara may at first seem unnatural. Brows and lashes darkened with mascara or eyebrow pencil or both in many instances make a much more dramatic frame for the eyes. These items frequently do as much for the appearance as lipstick and become as indispensable once you have used them. Although eye makeup finds its heaviest users among teenagers, it is needed more by those whose eye color has lost intensity with age. Just as the skin and hair lose their youthful tones, so do the eyes.

Let's look next at the other exposed parts of the body—the hands, arms and legs. As one beauty editor said, "The wonderful thing about hands is that you can have them looking 100 percent better in half an hour, after a manicure and a good petting with hand lotion." If you do not pamper your hands at least once daily with a lotion or cream, jot this down as a New Year's resolution.

Many women shy away from colored lacquer because it chips when exposed to rigors of housework. This certainly makes good sense for everyday wear because nothing offends good grooming like chipped polish. But do treat yourself to a manicure with one of the many new flattering shades once in a while at least.

As your eyes travel from your hands to your arms, do you, like a few women, have rather heavy growth of hair on the lower arms? If so, try bleaching this hair to make it less noticeable.

Sheer hose and modern clothes make the removal of superfluous leg hair a must. Most women shave their legs because it is quick, easy and inexpensive. A good investment is one of the new electric shavers designed especially for women. You will particularly appreciate this if you are forever nicking your skin with an ordinary razor. Electric shavers are also kinder to underarm skin.

Technical Ticklers

The following questions are based on information in this issue of *Today's Health*. Turn to page 57 for the answers.

1. What is the most common cause of snoring in children?
2. What is the best New Year's resolution for parents?
3. What error is common in first aid care of winter accident victims?
4. Why do young people adjust more readily to visual aids?
5. What is a common misconception about good looks?
6. Why is facing reality in childhood important?
7. What percentage of patient's symptoms are of emotional origin?

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by Anne Spencer,
Figure Problem Consultant

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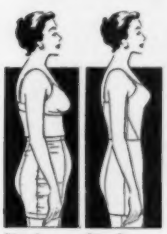

Fig. 1 Fig. 2

Fig. 1—Unlovely figure lines, tired back and general fatigue can be caused by faulty posture habits and inadequate or no support.

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Escape into Illness

(Continued from page 33)

made her understand that she could find happiness only if she would accept her role as wife and mother.

Men and women who reverse their roles—independent men and dominant women—are the major victims of invalidism, the Langley Porter doctors concluded. Seeking the explanation for their patients' character abnormalities, the psychiatrists studied the family background. They asked each patient if he had received love and affection in childhood, and from whom, and if the source of affection was separated from the source of authority. "In the normal population there seems to be healthy division between the source of affection represented by the mother and the source of authority represented by the father," explains Dr. Ruesch. "So long as a separation of these two main influences on a child exists, normal development seems assured. When they become fused, the child is too dependent on one parent and deviant developments seem to take place."

The men remembered dominant, overprotective mothers; the women still adored lenient, encouraging fathers. The mothers did not give affection; too self-centered, they often rejected their children and then, feeling guilty, overprotected them. Domineering and puritanical, they failed to surround their children with an atmosphere of carefreeness, gaiety and charm. The fathers were sometimes more warm and affectionate but did not fulfill their role as the firm head of the family.

In normal families the boy's "ideal model" is the father and the girl's is the mother. When the child's relationship to his ideal model is sound, he will identify thoroughly with that person; but when the relationship is poor, he cannot solve his ambivalent character conflicts. If a boy's father tells him to stand up to the neighborhood bully and fight, while his overprotective mother asks him to be a little gentleman, the child is confronted with an unbearable situation. In the attempt to please both parents, he will be unable to choose between aggression and submission.

Harry Yates had a working-class father and a middle-class mother, whose conflicting ideals landed him in the hospital at the age of 42. Harry, a San Francisco shipyard worker, developed severe gastrointestinal disturbances shortly after his promotion to welding foreman in charge of 2000 men. The doctors at the University Hospital suspected ulcers, but when repeated examinations were negative, they sent him to the Langley Porter Clinic. Intensive psychotherapy brought to light the conflicts underlying Harry's symptoms.

Harry's father, an unskilled labor boss, was a violent, moody man who was openly promiscuous. His fastidious, religious mother was frigid and censorious with her husband and overprotective of her son. Early in life the boy was confronted with a choice between mother-love and respectability on the one hand and manliness and free pleasure on the other. The choice was made harder by his overdependence on his mother and rejection by his father.

AFTER Harry married a woman with standards like his mother's, the inner struggle continued. "I gave up gambling because my wife wanted me to," he told the psychiatrist, "but I sure would like to do it." Complying with his wife's wishes, he rose from laborer to foreman, bought a house in the suburbs and insisted his wife stop working. His new promotion identified him with his mother's respectable ways, but being a "boss" who had to express aggression towards others identified him with his father. Although he disapproved of his father's ideals Harry had a sneaking idea that he had lost out by not tasting more freely of life's pleasures. The conflicts were too much, and his only solution was illness. The psychiatrist helped him understand his conflicts and after several months of psychotherapy he lost his symptoms.

Flight into illness takes many forms. Some patients expose themselves to serious physical illness or injury to ease anxiety tensions. Of the 186 patients with delayed re-

covery, 21 willfully sought their physical disability. These patients suffered from serious and identified disease or injury, not imaginary illness. But accidents were not entirely accidental; an abnormal state of mind preceded them. The little boy who fell off a horse after he had been forbidden to ride was protesting against an overprotective mother. The girl who jumped out of a car because her mother would not let her go to a dance was expressing hostility.

Harsh, unreasonable punishment from a dominant mother can be severely disturbing to a child. Where one parent monopolizes the role of both parents as the source of authority, ideals and affection, the child learns one-sided technics of getting what he wants and needs from one parent alone.

Parents often wonder whether they are too strict or too permissive. Dr. Bowman points out that adult life imposes all sorts of restrictions on people. The earlier a child learns that there are forces outside himself more powerful and important than he is, the better it is for him. The problem is not how we can shelter our children. It is how we can best equip them to deal with the difficulties of life as they grow up. Dr. Bowman feels that we suffer from a kind of cultural schizophrenia which makes us close our eyes to unpleasant problems like the hydrogen bomb and world Communism, hoping in this way to deny their existence. In the same way, we try to keep our children from ever witnessing birth or death.

Neurotic parents perpetuate their own inadequacies and emotional disabilities in their children. Increasingly the Langley Porter doctors are treating more than one member of a family, often a disturbed parent and a disturbed child. Parents who would save their children from psychological invalidism must start with themselves, for children learn by imitating. The way you accept your own aches and pains, the way you face reality, the way you deal with emotional crisis, the way you express yourself, the way you love—all these your child will imitate. It is your job to live the ideals you want him to adopt, to be the kind of person with whom he is proud to identify.

If you set your child a good example, he will learn to solve his problems without escaping into illness. He will be able to live maturely with himself and his fellow men.

Answers to Technical Ticklers

(See page 55)

1. Enlarged tonsils and adenoids. ("Sound Facts About Snoring," page 18.)
2. To help their children make a good start in new experiences. ("Beginnings Are Important," page 62.)
3. Keeping them too warm. ("Shock in Winter," page 48.)
4. Because they have not formed fixed reading habits. ("Sight Boosters for the Near-Blind," page 40.)
5. That they are solely a matter of money. ("A New You for the New Year," page 22.)
6. Because the child learns to adjust to disappointments. ("Teach Your Child to Face Reality," page 34.)
7. About 50 percent. ("Escape into Illness," page 30.)

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Stevie

(Continued from page 43)

the foursome had decided on certain responsibilities he or she would like to take over. Jackie has begged us to fix up the little room next to hers for Stevie. "I'm always awake early, and I could get him up in the morning," she offers eagerly.

"And I can take care of him after school, can't I, Mommy?" Patsy eagerly begs.

"I'll feed him the baby food," Dickie volunteers with happy anticipation. Once a neighbor let him feed her baby mashed banana. The fact that as much seemed to get on the outside of the baby as in was an added attraction, it seems.

Jan plans to keep Stevie's record in a new baby book, having pored over the faded ones of the foursome in fascination one day.

Like most expectant mothers I had been dreading the physical part of the nine long months of pregnancy. It seemed especially hard at this time of life. But as I find my figure growing I am surprised that I don't mind at all. This time I'm not merely pregnant. I'm carrying Stevie. And I'm not allowed to forget it. The other day when sitting in the living room with the family I happened to remark that the baby must have gone to sleep, he'd stopped kicking. A few minutes later I got up to do some work in the kitchen.

"Sit down, Mommy! You'll wake him up!" Dickie screeched. And he was perfectly serious.

When I look back it doesn't seem possible that I once thought a little latecomer could be a misfortune. This is one babyhood I will really have time to enjoy. With four older children I'll have plenty of help and an abundance of baby-sitters, something I never had before. As I feel Stevie kicking and squirming within me, eager to begin life, I feel sure now that a baby couldn't be born into a better heritage than the abounding love of a ready-made family.

"The ironic thing is that we broke up for six months and darned near didn't get married."

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Protecting Your Home from Unlabeled Poisons

(Continued from page 21)

ings had occurred was also instituted for purposes of education and prevention.

It was not long before 14 more Chicago hospitals joined the program and it expanded to neighboring areas, adding a number of health departments to its participating agencies. Today, from this beginning, more than 75 poison control centers are in operation all over the country, with new ones being organized constantly.

The immediate aim of these centers: emergency treatment for modern poisons. The ultimate aim: prevention.

According to Dr. Press, now in New York City as field director of the American Public Health Association, the organization of a Poison Control Center varies with the community and its medical facilities. The core around which the program operates may be a health department, a hospital, a medical college, a local medical society or a combination. The agencies and institutions participating may vary from a single one to over a hundred. Most of them successfully meet the difficult challenge of 24-hour service.

The manual on poisoning control information, expanded to include a composite of information from physicians and others treating poison cases, is kept up to date by a special subcommittee of pediatricians, toxicologists and others. Research is carried on continually to determine specific antidotes or most effective general treatment for the more frequent and dangerous chemicals.

Prevention is of paramount importance. Follow-up visits are included in the program when possible; physicians and pediatricians are urged to educate parents on poisoning hazards; several centers issue periodic bulletins highlighting new hazards and recently developed treatments. Besides professional groups, local safety councils, service clubs, P.T.A.'s and similar organizations have been pressed into service.

The bulk of this program is aimed at poisonings after they have occurred. What can you do to prevent poisonings before they occur?

First, of course, it is necessary to realize that there is a problem. Next is to take steps to get rid of as many as possible of the products that might get a small child into trouble, and to handle the rest with caution. Do you have products sitting around in containers other than those in which they came? According to the Chicago Poison Control Center study, at least a

"It's a little gift we give all of our new employees."

fourth of all poisons swallowed had been removed from their original containers.

Here are other hints: don't be misled as to whether a product is dangerous just because it does not say POISON or FOR EXTERNAL USE ONLY on the label. Never put anything poisonous on food shelves. Keep containers tightly covered. Lock cabinets with poisons in them.

In poisoning emergency: keep the bottle, the label and anything the

child vomits to show the doctor. If you don't know what your child has swallowed, watch symptoms carefully; they may help the doctor.

In most cases, pause only long enough to induce vomiting, then get the child to a doctor immediately. However, do *not* induce vomiting if the child has swallowed an alkali such as lye, a strong acid, kerosene, gasoline or other petroleum distillates, turpentine or furniture polish.

To induce vomiting Dr. Press recommends giving a glass of water or milk. Then tickle the back of the throat with a spoon, finger or some blunt object and as soon as retching starts raise the child's hips above his head. This makes it harder for him to get the vomited material accidentally into his windpipe.

Remember some poisons have a delayed reaction. Lack of symptoms may not mean a child is out of danger. Lead poisoning, for example, may develop over a long period during which a child swallows bits of paint, putty or painted plaster with lead in it.

But prevention is much the best. Organize your house so that harmful substances stay out of reach, and keep on the alert. Then your own private poison control program will be a success.

NEW HORIZONS

a suggestion we hope proves helpful

by Arlene Jennrich

A continuing history to delight Grandma is a Memory Book begun with baby's announcement and kept up yearly.

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1st Page—give child's name, birth date, time, place and parents' names. 2nd page—dedicate book to Grandma. 3rd page—birth announcement, tracing of birth certificate. Soon as possible, include 1st pictures, foot and hand prints. Tell about 1st smile, 1st laugh, 1st day outdoors, etc., etc.

Then Come records—standing alone and other great moments. Jot down highlights of growing up. Every year include snip of hair. Enter cute sayings and doings.

Put In swatches of clothing. Might cut string of paper dolls and sketch in best outfit, play togs, coat, pet pajamas. . . Print clearly in ink what everything is. Ask store for a permanent glue or paste.

Keep Track of the years, by volumes if need be. Include child's own art work, some school papers, etc. Each year give hand print, height, writing . . outstanding events.

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Beginnings Are Important

by ELIZABETH B. HURLOCK, Ph.D.

NEW Year's Day is the traditional time for resolving to replace bad habits with good. Excellent as the tradition may be, its greatest value is in emphasizing the importance of making a good start. The difficulty most people have in carrying out their resolutions shows how much easier their lives would have been if bad habits had never been acquired.

The best New Year's resolution parents can make is to help their child make a good start in any new experience, whether it be feeding himself, reading, playing the piano, going to school or having his first date. Beginnings leave an indelible impression and color a child's attitude toward that activity, related activities and his ability to do new things successfully. How he starts will determine whether he will flounder around, expending more time and effort than he needs to, and then have results that are both disappointing and frustrating to him.

Far too many parents make the mistake of allowing a child to enter a new situation without preparation or guidance. True, children usually manage to muddle through, but not without paying an unwarranted price in emotional strain and injured self-confidence. How can a young and inexperienced person be expected to tackle anything new with skill or foresight? If parents have the foresight to prepare children for new experiences, it can spare them a lot of embarrassment, tension and heartaches.

Adult help and guidance are essential until a child is ready to handle the new situation alone. They are most needed at the very beginning to make sure that the start is on the right track. Gradually guidance can be reduced as a child gains command of the situation, until it becomes only occasional checkups to make sure he is not veering from the right track. Here are some suggestions as to how this can be done:

1. Prepare the child ahead of time by telling him what to expect and how to handle it. New experiences are always accompanied by greater or lesser emotional tension. If you can rub off the newness by a preliminary introduction, it will help your child face the situation with calm and confidence.

2. Point out possible complications he may meet and what to do about them. If he is forewarned, complications will not disturb him as they would if he were caught completely off guard. Then, if the complications never occur, he will feel that he got through the first ordeal more easily than he had anticipated and this will bolster his self-confidence.

3. Show him the best way to do things from the start, whether it is throwing a ball, playing with a child from the neighborhood or walking to school alone. Even school subjects can be anticipated at home so they won't seem so hard when he first tackles them at school.

4. Rehearse any new experience he is about to face, whether it be a trip to the dentist, a visit to a playmate's home or the first day at Sunday school. Make it into a game, but see that possible complications come into the game. When he faces the real situation, be ready to help him if he needs help.

5. Never paint too rosy a picture about a new experience but don't terrify him with all the unpleasant things that might happen. Emphasize that it will be fun if he approaches it as an adventure, or that it won't be half as bad if he knows what to expect.

6. Help him understand that he can't expect instant success in anything he does and not to be disappointed if his first attempts do not come up to his expectations.

7. Don't wait for the child to "outgrow" a poor start. Expecting him to like school, camp or his first job when he starts out disliking them, or to do things well when his method would

Dr. Hurlock, who has reared two daughters, is past president of the American Psychological Association's Division on the Teaching of Psychology and former secretary-treasurer of its Division on Childhood and Adolescence.

never permit him to be anything but a bungler, is only wishful thinking. That is the type of approach that makes New Year's resolutions necessary and the reason they are rarely anything but unfulfilled resolutions.

Question

TWINS. My four-year-old nephew has a very intelligent twin sister. She holds hard to his hand when he tries to run away and tells us what he thinks or wants instead of letting him speak for himself. She takes things away from him and he never offers any resistance. People are beginning to think he is queer and dull. Would separation from his sister for a while help?

Separation of your nephew from his sister would not only help the child but is imperative if the boy is to grow up to be anything but submerged behind the personality of his sister. As she has already shown signs of being the dominant one of the pair, the chances are that she would go back to that role if the separation were only for a short time. The children should be sent to separate schools and the little boy to kindergarten next year so that he can get away from his sister and learn to stand on his own feet. Furthermore, the mother should encourage the boy to take more initiative while, at the same time, keeping the girl from being so bossy. It is almost as bad for her as for the boy to be together as much as they are because she is learning to be so bossy that children outside the home will not want to play with her.

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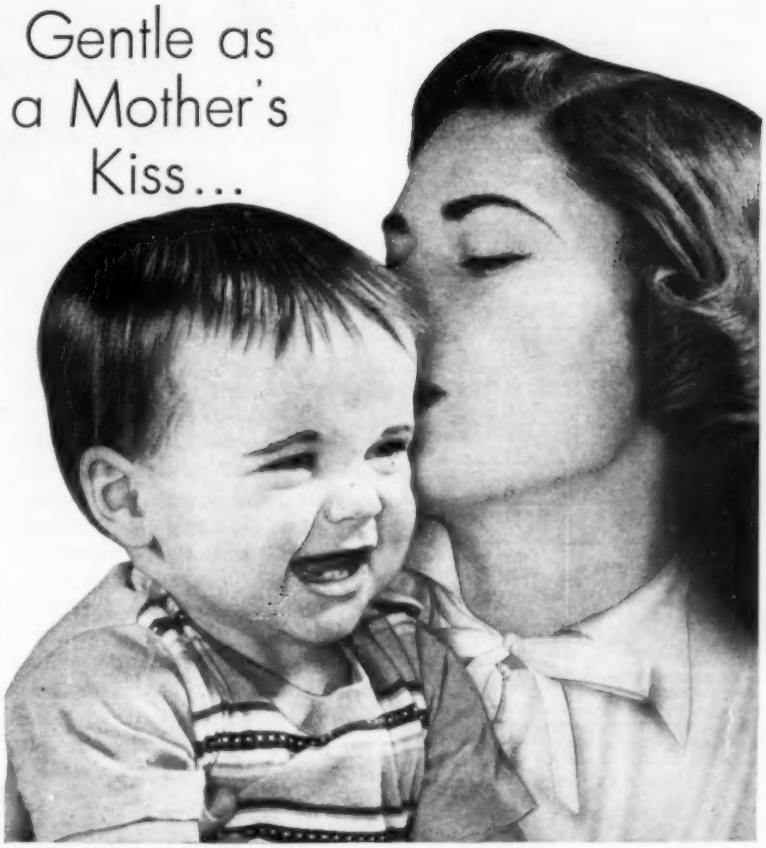

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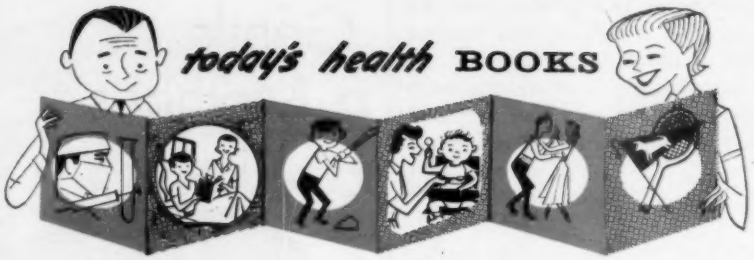

Just Like Me

By W. W. Bauer, M.D., Dorothy W. Baruch, Elizabeth R. Montgomery and Elenore T. Pounds. 75 pp. $1.36. Scott, Foresman and Co., 433 E. Erie St., Chicago 11. 1957.

This informative, all-picture health and safety book proves the adage that one picture is worth ten thousand words. Little children eagerly "read" this new kind of orientation primer. Everyday problems presented in pictures stimulate the child to sequential thinking—for a better understanding of cause and effect—resulting in a correlation of health and safety attitudes and behavior as taught in school with practical daily application. The interesting and realistic pictures charm six-year-olds.

Excellent lesson plans with varied activities give new, useful helps to teachers. The book meets all requirements of the Illinois Course of Study for Health and Safety as prescribed by Illinois law. As a teacher, I feel this delightful book supplies a need of long standing in primary health and safety education.

ELIZABETH E. SHERWOOD

Girl Scout Handbook

511 pp. $1. Girl Scouts of America, 155 E. 44th St., New York 17. 1955.

All girls who would like to have detailed information about the almost limitless things Girl Scouts do will be interested in this excellent presentation of the many adventures and opportunities for healthful development that is offered by Scouting. It begins at the Brownie level. Personal evaluation forms in the handbook add to its practical aspects.

WILLIAM BOLTON, M.D.

Safety Education

By A. E. Florio and G. T. Stafford. 327 pp. $5.50. McGraw-Hill Book Co., Inc., 330 W. 42nd St., New York 36. 1956.

This is a well-documented text of information, teaching methods and activity techniques for prospective specialists and teachers of safety education. And it should be equally valuable to all other school personnel concerned with providing safe environments and teaching safety at various age levels. The authors convincingly argue for greater emphasis and time in the curriculum for developing attitudes, skills and knowledge in all areas of human activity to enable American citizens " . . . to function at optimum level in the presence of necessary hazards" and reduce the needless accident toll.

DANIEL P. WEBSTER

Essentials of Nutrition

By Henry C. Sherman, Ph.D., Sc.D. and Caroline Sherman Lanford, Ph.D. 503 pp. $4.90. Fourth Edition. The Macmillan Co., 60 Fifth Ave., New York 11. 1957.

Based on the authoritative work of the late Henry C. Sherman as well as the further research of Caroline Sherman Lanford, this is a comprehensive and up-to-date presentation of the fundamentals of nutrition and the relation of food to health and efficiency. The text is clear and free of excessive technicalities. Each chapter is followed by some exercises and an extensive suggested bibliography. Helpful tables of statistical data and food values, a glossary and an index are also supplied. It is an excellent basic volume for both teachers and students of nutrition.

IDA BAILEY ALLEN

Sports Injuries Manual

By Donald F. Featherstone. 132 pp. $6. Philosophical Library, 15 E. 40th St., New York 16. 1956.

Trainers and coaches have here a comprehensive practical guide to the prevention and treatment of athletic injuries. It presents basic anatomy and physiology, the equipment of the treatment room, methods of prevention, treatment of sprains, wounds, fractures, lacerations and other injuries.

C. WARD CRAMPTON, M.D.

Sight Boosters for the Near-Blind

(Continued from page 41)

junior and senior years. This change was in line with a program in New England to encourage students to attend regular school if their vision permits. At that time Jules used strong reading glasses supplemented by a hand magnifying glass.

A year ago the New Hampshire Division of the Blind referred him to the Massachusetts Eye and Ear Infirmary where Sportscopes were prescribed. They have improved his distance vision nearly 70 percent. Now he reads textbooks easily and also writing on the blackboard.

Silvio Legasse of Fall River, Mass., a graduate of Perkins School for the Blind, heard talk about the glasses around the shop where he works caning chairs. He inquired about them at the Infirmary and received them a year ago. Now for the first time in his life he is able to read his own mail.

Bifocals of increased magnification are proving as helpful as telescopic glasses. Until recently bifocals had no more than one power magnification. Today special bifocals magnify up to ten times. As with telescopic glasses, reading matter must be held close to the eyes. However, these glasses have the cosmetic advantage of looking more like ordinary spectacles. And a person may both read and walk wearing them.

An employee of a telegraph office in Boston developed an eye condition several years ago which placed her suddenly in the category of the legally blind. She was eager to keep on working and was fitted for special bifocals with a reading adapter. After only about an hour of practice, she was able to continue reading and checking the ticker tapes.

Other special magnifying glasses include the Policoff and Feinbloom lenses. The former look like ordinary glasses, except for buttonlike magnifiers inserted in the lens. The Policoff lens may be used only for reading; the Feinbloom is used for both distant and close work.

And there are other devices to aid subnormal vision, some with built-in illumination. The jeweler's loupe, which a watchmaker wears in his work, has been of use to those doing close work with figures. A magnifier used to detect flaws in materials in industry can double as a reading aid. This flaw-finder has a flashlight in its handle to light the book or paper.

The importance of perseverance and practice in learning to use a new optical device cannot be overestimated. Each person sees in a fashion unique to himself. He may, for example, have excellent peripheral vision, but must cock his head or hold his reading material in a certain way to utilize this small island of sight. Often a person must learn to move the paper rather than his eyes when reading. The angle and intensity of illumination of the page is important.

Perhaps most difficult, however, is the fact that those who formerly had normal eyesight must adjust to a new reading span, sometimes reduced to a syllable or even a letter at a time.

Generally, young people adapt more easily than older people to the special glasses for subnormal vision. This is partly because they have not developed reading habits that require radical adjustment. In many cases the youngsters have a stronger desire to read and write than the adults. However, medical experience has proved that older people can adapt to the telescopics. The rewards are well worth the effort.

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Edited by EVELYN J. DYBA

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For Mothers with Growing Daughters. A booklet, "How Shall I Tell My Daughter," has been designed by **Personal Products Corporation** to help mothers introduce the subject of menstruation to young girls. If your daughter is between nine and 12 years old, you will also want her to read "Sally and Mary and Kate Wondered." For free copies, circle 292.

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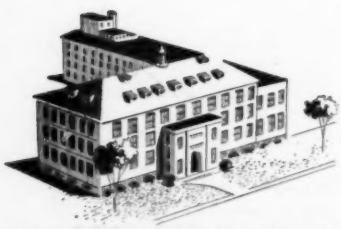
This is what we work for at Parke-Davis

...the better health and longer life that come with better medicines



MILESTONE: In 1902, Parke, Davis & Company completed the first building constructed anywhere in America, by *any* commercial institution, devoted specifically to scientific research.

OLD AGE, as most any grandparent will tell you, is now a pretty special time of life.

Actually, it's hard to believe that it was ever any different—but it was.

Because back when today's grandparents were children, the average adult lived only 49 years. In those days, many children never knew what it was like to even *have* grandparents—let alone see them as healthy and active as the fascinating companion pictured above.

But today, thanks to the development of better medicines (and the skill of physicians who know how to best *use* these medicines), the average man lives 18 years longer—with the expectation that these years will be both healthy and active.

At Parke-Davis, our contributions in this field range all the way from widely used vitamin preparations to powerful new antibiotics.

Right this minute, medicines we've developed are helping doctors save and prolong lives. And ahead of us, through continuing research, are opportunities to find answers to many vital health problems still unsolved.

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... PIONEERS IN BETTER MEDICINES SINCE 1866